

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: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet S Parts I-III Date/Time Prepared: 1/29/2019 5:14 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/29/2019 Time: 5:14 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by VALLEY WEST COMMUNITY HOSPITAL (14-1340) for the cost reporting period beginning 09/01/2017 and ending 08/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-172,759	-554,773	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
200.00 Total	0	-172,759	-554,773	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 5:14 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60548- County: DEKALB	
1.00	Street: 1302 N. MAIN STREET						
2.00	City: SANDWICH						

	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	VALLEY WEST COMMUNITY HOSPITAL	141340	20994	1	08/02/2004	N	0	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2017	08/31/2018	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information										
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
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.					N	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 5:14 pm		
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						0	25.00
					Urban/Rural	Date of Geogr		
					1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				2		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.				2	11/16/2005	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00	
					Beginning:	Ending:		
					1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)				N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
					Y/N	Y/N		
					1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
					V	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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.				N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.				N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	N	N	48.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 5:14 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovi der Site	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 5:14 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					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.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
				Respiratory	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 5:14 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	72,501	10,334	303,954	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		HB0640	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 5:14 pm							
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 131				141.00					
142.00	Street: 251 E HURON STREET	PO Box:						142.00					
143.00	City: CHICAGO	State: IL		Zip Code: 60611				143.00					
144.00 Are provider based physicians' costs included in Worksheet A?													
Y													
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.													
N													
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													
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													
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
155.00 Hospital													
		N		N		N		N					
156.00 Subprovider - IPF													
		N		N		N		N					
157.00 Subprovider - IRF													
		N		N		N		N					
158.00 SUBPROVIDER													
		N		N		N		N					
159.00 SNF													
		N		N		N		N					
160.00 HOME HEALTH AGENCY													
		N		N		N		N					
161.00 CMHC													
		N		N		N		N					
161.10 CORF													
		N		N		N		N					
161.20 OPT													
		N		N		N		N					
161.30 OOT													
		N		N		N		N					
161.40 OSP													
		N		N		N		N					
165.00 Multi campus													
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.													
N													
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)												
													0.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
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)													
0													
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)													
N													
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)													
0.00													
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)													
06/16/2017 09/13/2017													

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 5:14 pm
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part II Date/Time Prepared: 1/29/2019 5:14 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/17/2018	Y	12/17/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part II Date/Time Prepared: 1/29/2019 5:14 pm		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					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.			Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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.	BRANDON		HOFMANN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548		BRANDON.HOFMANN@NM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part II Date/Time Prepared: 1/29/2019 5:14 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR FINANCIAL ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1340

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

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	21	7,665	43,338.41	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)		21	7,665	43,338.41	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,460	2,098.65	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)		25	9,125	45,437.06	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		25				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1340

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

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

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)	874	168	1,714			1.00
2.00 HMO and other (see instructions)	96	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	874	168	1,714			7.00
8.00 INTENSIVE CARE UNIT	32	8	83			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		83	355			13.00
14.00 Total (see instructions)	906	259	2,152	0.00	166.80	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	166.80	27.00
28.00 Observation Bed Days		0	805			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	15	58			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1340

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

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	332	70	745	1.00
2.00 HMO and other (see instructions)			37	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	332	70	745	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OPT	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet S-10 Date/Time Prepared: 1/29/2019 5:14 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.317124	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,976,372	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		22,012,520	6.00	
7.00	Medicaid cost (line 1 times line 6)		6,980,698	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)		1,004,326	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,004,326	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)	1,208,386	42,379	1,250,765	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	383,208	42,379	425,587	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	383,208	42,379	425,587	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)		2,488,489	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		621,505	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		956,162	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		1,532,327	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		820,595	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,246,182	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,250,508	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

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

Worksheet A
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		2,378,539	2,378,539	-712,349	1,666,190	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	743,679	743,679	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	63,703	9,704	73,407	3,407,839	3,481,246	4.00
5.01 00540 NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02 00550 DATA PROCESSING	0	2	2	0	2	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	127,640	97,373	225,013	-52,809	172,204	5.03
5.04 00570 ADMINISTRATION	481,708	226,052	707,760	-218,985	488,775	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	1,225,661	12,274,574	13,500,235	-430,557	13,069,678	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	265,192	1,477,780	1,742,972	-77,897	1,665,075	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	120,904	120,904	0	120,904	8.00
9.00 00900 HOUSEKEEPING	269,423	352,405	621,828	-153,381	468,447	9.00
10.00 01000 DIETARY	390,788	330,695	721,483	-611,625	109,858	10.00
11.00 01100 CAFETERIA	0	0	0	429,170	429,170	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	100,319	1,172,956	1,273,275	-20,019	1,253,256	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	62,467	81,477	143,944	-37,947	105,997	14.00
15.00 01500 PHARMACY	503,437	952,423	1,455,860	-920,346	535,514	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	111,714	16,289	128,003	33,888	161,891	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,852,350	908,287	3,760,637	-1,429,292	2,331,345	30.00
31.00 03100 INTENSIVE CARE UNIT	131,268	29,869	161,137	-43,647	117,490	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	507,429	507,429	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,345,235	2,202,866	3,548,101	-965,889	2,582,212	50.00
51.00 05100 RECOVERY ROOM	131,283	32,338	163,621	-29,066	134,555	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	182,217	182,217	52.00
53.00 05300 ANESTHESIOLOGY	0	294,605	294,605	-14,104	280,501	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,103,652	1,247,238	2,350,890	-284,522	2,066,368	54.00
55.00 03480 ONCOLOGY	117,381	1,333,271	1,450,652	89,391	1,540,043	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	742,361	1,244,993	1,987,354	-351,495	1,635,859	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	24,429	24,429	64.00
65.00 06500 RESPIRATORY THERAPY	414,474	136,332	550,806	-106,826	443,980	65.00
66.00 06600 PHYSICAL THERAPY	100,155	26,245	126,400	-22,993	103,407	66.00
66.01 06601 O/P PHYSICAL THERAPY	299,860	110,105	409,965	-38,963	371,002	66.01
69.00 06900 ELECTROCARDIOLOGY	6,238	2,034	8,272	-1,617	6,655	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	711,490	711,490	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	441,689	441,689	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	771,740	771,740	73.00
76.00 03020 CLINICAL NUTRITION	44,124	12,999	57,123	313	57,436	76.00
76.01 03950 SLEEP LAB	0	36,873	36,873	0	36,873	76.01
76.97 07697 CARDIAC REHABILITATION	118,718	35,599	154,317	76,082	230,399	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	9,621	3,145	12,766	8,920	21,686	90.00
91.00 09100 EMERGENCY	1,440,882	2,876,879	4,317,761	-371,651	3,946,110	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet A Date/Time Prepared: 1/29/2019 5:14 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,459,654	30,024,851	42,484,505	532,296	43,016,801	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,466	47,466	0	47,466	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	669,878	669,878	-466,673	203,205	192.00
194.00	07950	COMMUNITY WELLNESS	205,926	86,381	292,307	-65,623	226,684	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	12,665,580	30,828,576	43,494,156	0	43,494,156	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

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

Worksheet A
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	450,989	2,117,179	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,338,625	4,082,304	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-190,552	3,290,694	4.00
5.01	00540	NONPATIENT TELEPHONES	212,055	212,055	5.01
5.02	00550	DATA PROCESSING	129,449	129,451	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	172,204	5.03
5.04	00570	ADMINISTRATIVE	0	488,775	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	377,779	377,779	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-6,882,104	6,187,574	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,329	1,662,746	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	120,904	8.00
9.00	00900	HOUSEKEEPING	0	468,447	9.00
10.00	01000	DIETARY	-2,279	107,579	10.00
11.00	01100	CAFETERIA	-76,699	352,471	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATIVE	-951,958	301,298	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	105,997	14.00
15.00	01500	PHARMACY	0	535,514	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	56,131	56,131	16.00
17.00	01700	SOCIAL SERVICE	0	161,891	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-25,297	2,306,048	30.00
31.00	03100	INTENSIVE CARE UNIT	-90	117,400	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	507,429	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-262,512	2,319,700	50.00
51.00	05100	RECOVERY ROOM	0	134,555	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-16,875	165,342	52.00
53.00	05300	ANESTHESIOLOGY	-253,550	26,951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-139,479	1,926,889	54.00
55.00	03480	ONCOLOGY	-509,353	1,030,690	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-15,414	1,620,445	60.00
64.00	06400	INTRAVENOUS THERAPY	0	24,429	64.00
65.00	06500	RESPIRATORY THERAPY	0	443,980	65.00
66.00	06600	PHYSICAL THERAPY	0	103,407	66.00
66.01	06601	O/P PHYSICAL THERAPY	-31,400	339,602	66.01
69.00	06900	ELECTROCARDIOLOGY	0	6,655	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	711,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	441,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	771,740	73.00
76.00	03020	CLINICAL NUTRITION	0	57,436	76.00
76.01	03950	SLEEP LAB	0	36,873	76.01
76.97	07697	CARDIAC REHABILITATION	-900	229,499	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	21,686	90.00
91.00	09100	EMERGENCY	-2,053,570	1,892,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet A Date/Time Prepared: 1/29/2019 5:14 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6.00	7.00	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-12,000	35,466	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	203,205	192.00
194.00	07950 COMMUNITY WELLNESS	0	226,684	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-6,861,333	36,632,823	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	768,245	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	
	TOTALS		0	768,245		
B - NURSERY / DELIVERY & LABOR COSTS						
1.00	NURSERY	43.00	499,487	7,942	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	162,754	2,588	2.00	
	TOTALS		662,241	10,530		
C - MEDICAL SUPPLIES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	711,490	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
	TOTALS		0	711,490		
D - EQUIPMENT LEASES						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	65,494	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	65,494		
E - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	311,648	117,522	1.00	
	TOTALS		311,648	117,522		
F - INTEREST EXPENSE						
1.00		0.00	0	0	1.00	
	TOTALS		0	0		
G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	688,446	1.00	
	TOTALS		0	688,446		
H - CONTINUITY OF CARE						
1.00	SOCIAL SERVICE	17.00	84,281	26,793	1.00	
	TOTALS		84,281	26,793		
I - ROUTINE DIABETES						
1.00	ADULTS & PEDIATRICS	30.00	12,034	8,937	1.00	
	TOTALS		12,034	8,937		
J - ICU OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	19,235	13	1.00	
	TOTALS		19,235	13		
K - MOB RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	164,582	1.00	
2.00	ONCOLOGY	55.00	0	122,980	2.00	
3.00	O/P PHYSICAL THERAPY	66.01	0	42,952	3.00	
4.00	CLINICAL NUTRITION	76.00	0	30,976	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	103,221	5.00	
6.00	CLINIC	90.00	0	11,438	6.00	
	TOTALS		0	476,149		

RECLASSIFICATIONS

Provider CCN: 14-1340

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
L - SOCIAL SERVICE						
1.00	EMERGENCY	91.00	64,212	4,280	1.00	
	TOTALS		64,212	4,280		
M - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	441,689	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	
	TOTALS		0	441,689		
N - MEDICAL DIRECTOR RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	0	5,212	1.00	
2.00	OPERATING ROOM	50.00	0	256,675	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	16,875	0	3.00	
4.00	RESPIRATORY THERAPY	65.00	0	5,213	4.00	
	TOTALS		16,875	267,100		
O - VW MOB BUILDING DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,873	1.00	
2.00	ONCOLOGY	55.00	0	4,389	2.00	
3.00	O/P PHYSICAL THERAPY	66.01	0	1,532	3.00	
4.00	CLINICAL NUTRITION	76.00	0	1,105	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	3,683	5.00	
6.00	CLINIC	90.00	0	408	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,913	7.00	
	TOTALS		0	23,903		
P - VW MOB EQUIPMENT DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,177	1.00	
2.00	ONCOLOGY	55.00	0	1,627	2.00	
3.00	O/P PHYSICAL THERAPY	66.01	0	568	3.00	
4.00	CLINICAL NUTRITION	76.00	0	410	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	1,365	5.00	
6.00	CLINIC	90.00	0	151	6.00	
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,563	7.00	
	TOTALS		0	8,861		
Q - ARROWHEAD OP PT MOV EQ DEPRECIATION						
1.00	O/P PHYSICAL THERAPY	66.01	0	1,400	1.00	
	TOTALS		0	1,400		
R - IV SOLUTIONS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,495	1.00	
2.00	INTRAVENOUS THERAPY	64.00	0	24,429	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	
	TOTALS		0	27,924		
S - DIRECTLY ASSIGNED BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,407,839	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	3,407,839		
	T - GRANT COST RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	6,693	0		1.00
	TOTALS		6,693	0		
500.00	Grand Total: Increases		1,177,219	7,056,615		500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - DRUGS CHARGED TO PATIENTS							
1.00	DIETARY	10.00	0	1	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,116	0		2.00
3.00	PHARMACY	15.00	0	742,929	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	3,685	0		4.00
5.00	OPERATING ROOM	50.00	0	11,833	0		5.00
6.00	RECOVERY ROOM	51.00	0	68	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	3,927	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,369	0		8.00
9.00	O/P PHYSICAL THERAPY	66.01	0	18	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	26	0		10.00
11.00	EMERGENCY	91.00	0	1,273	0		11.00
TOTALS			0	768,245			
B - NURSERY / DELIVERY & LABOR COSTS							
1.00	ADULTS & PEDIATRICS	30.00	662,241	10,530	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			662,241	10,530			
C - MEDICAL SUPPLIES CHARGED TO PATIENTS							
1.00	DIETARY	10.00	0	870	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,789	0		2.00
3.00	PHARMACY	15.00	0	4,631	0		3.00
4.00	SOCIAL SERVICE	17.00	0	148	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	59,984	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	81	0		6.00
7.00	OPERATING ROOM	50.00	0	421,697	0		7.00
8.00	RECOVERY ROOM	51.00	0	2,475	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	8,077	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,087	0		10.00
11.00	ONCOLOGY	55.00	0	4,011	0		11.00
12.00	LABORATORY	60.00	0	123,135	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	2,266	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	66	0		14.00
15.00	O/P PHYSICAL THERAPY	66.01	0	4,355	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	65	0		16.00
17.00	CARDIAC REHABILITATION	76.97	0	1,599	0		17.00
18.00	EMERGENCY	91.00	0	57,154	0		18.00
TOTALS			0	711,490			
D - EQUIPMENT LEASES							
1.00	PHARMACY	15.00	0	65,002	10		1.00
2.00	RESPIRATORY THERAPY	65.00	0	492	0		2.00
TOTALS			0	65,494			
E - CAFETERIA RECLASS							
1.00	DIETARY	10.00	311,648	117,522	0		1.00
TOTALS			311,648	117,522			
F - INTEREST EXPENSE							
1.00		0.00	0	0	0		1.00
TOTALS			0	0			
G - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	688,446	9		1.00
TOTALS			0	688,446			
H - CONTINUITY OF CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	84,281	26,793	0		1.00
TOTALS			84,281	26,793			
I - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.00	12,034	8,937	0		1.00
TOTALS			12,034	8,937			
J - ICU OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	19,235	13	0		1.00
TOTALS			19,235	13			
K - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	476,149	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			0	476,149			
L - SOCIAL SERVICE							
1.00	SOCIAL SERVICE	17.00	64,212	4,280	0		1.00
TOTALS			64,212	4,280			

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
M - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,364	0	1.00	
2.00	PHARMACY	15.00	0	230	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	3,409	0	3.00	
4.00	OPERATING ROOM	50.00	0	432,746	0	4.00	
5.00	RECOVERY ROOM	51.00	0	7	0	5.00	
6.00	ANESTHESIOLOGY	53.00	0	478	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	138	0	7.00	
8.00	LABORATORY	60.00	0	847	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	188	0	9.00	
10.00	EMERGENCY	91.00	0	2,282	0	10.00	
	TOTALS		0	441,689			
N - MEDICAL DIRECTOR RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	16,875	267,100	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		16,875	267,100			
O - VW MOB BUILDING DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,903	9	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
	TOTALS		0	23,903			
P - VW MOB EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,861	9	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
	TOTALS		0	8,861			
Q - ARROWHEAD OP PT MOV EQ DEPRECIATION							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,400	9	1.00	
	TOTALS		0	1,400			
R - IV SOLUTIONS							
1.00	PHARMACY	15.00	0	3,495	0	1.00	
2.00	DIETARY	10.00	0	17	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	128	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	6,900	0	4.00	
5.00	OPERATING ROOM	50.00	0	13,612	0	5.00	
6.00	RECOVERY ROOM	51.00	0	477	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	1,622	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	637	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	3	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	12	0	10.00	
11.00	CARDIAC REHABILITATION	76.97	0	9	0	11.00	
12.00	EMERGENCY	91.00	0	1,012	0	12.00	
	TOTALS		0	27,924			
S - DIRECTLY ASSIGNED BENEFITS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	52,809	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	218,985	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	214,833	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	77,897	0	4.00	
5.00	HOUSEKEEPING	9.00	0	153,381	0	5.00	
6.00	DIETARY	10.00	0	181,567	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	20,019	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	24,550	0	8.00	
9.00	PHARMACY	15.00	0	104,059	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	8,546	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	722,762	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	29,530	0	12.00	
13.00	OPERATING ROOM	50.00	0	335,983	0	13.00	
14.00	RECOVERY ROOM	51.00	0	26,039	0	14.00	

RECLASSIFICATIONS

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	270,291	0		15.00
16.00	ONCOLOGY	55.00	0	35,594	0		16.00
17.00	LABORATORY	60.00	0	227,513	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	109,090	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	22,927	0		19.00
20.00	O/P PHYSICAL THERAPY	66.01	0	81,042	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,514	0		21.00
22.00	CLINICAL NUTRITION	76.00	0	11,207	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	30,579	0		23.00
24.00	CLINIC	90.00	0	3,077	0		24.00
25.00	EMERGENCY	91.00	0	378,422	0		25.00
26.00	COMMUNITY WELLNESS	194.00	0	65,623	0		26.00
	TOTALS		0	3,407,839			
T - GRANT COST RECLASS							
1.00	OPERATING ROOM	50.00	6,693	0	0		1.00
	TOTALS		6,693	0			
500.00	Grand Total: Decreases		1,177,219	7,056,615			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

Period:
From 09/01/2017
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Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,560,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	20,206,409	962	0	962	1,081,504	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,609,054	420,308	0	420,308	48,710	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	26,375,463	421,270	0	421,270	1,130,214	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	26,375,463	421,270	0	421,270	1,130,214	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,560,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	19,125,867	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,980,652	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	25,666,519	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	25,666,519	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

Period:
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Worksheet A-7
Part II
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,378,539	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,378,539	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,378,539				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,378,539				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

Period:
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Worksheet A-7
Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	20,206,409	0	20,206,409	0.814289	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,609,054	687	4,608,367	0.185711	0	2.00
3.00	Total (sum of lines 1-2)	24,815,463	687	24,814,776	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,117,179	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,016,810	65,494	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,133,989	65,494	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,117,179	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,082,304	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	6,199,483	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1340

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

Worksheet A-8

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-2,205	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	-4,261,103				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,405	RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,322,475				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-76,699	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00		0	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*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00			31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1340

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

Worksheet A-8

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 OTHER MISC INCOME	B	-2	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.00
34.00 OTHER MISC INCOME	B	-72	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.00
35.00 MOI MRI SPACE RENTAL	B	-38,354	RADIOLOGY-DIAGNOSTIC	54.00	0 35.00
36.00 CORP BILLING MISC INCOME	B	-5,235	RADIOLOGY-DIAGNOSTIC	54.00	0 36.00
37.00 OTHER MISC INCOME	B	-2,078	LABORATORY	60.00	0 37.00
38.00 OTHER MISC INCOME	B	-2,620	O/P PHYSICAL THERAPY	66.01	0 38.00
39.00 OTHER MISC INCOME	B	-900	CARDIAC REHABILITATION	76.97	0 39.00
39.01 PROVIDER MEDICAID ASSESSMENT	A	-1,037,150	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 39.01
39.02 PHYSICIAN RECRUITMENT	A	-122,761	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 39.02
39.03 LOBBYING PORTION OF DUES	A	-14,011	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 39.03
40.00 LOBBYING PORTION OF DUES	A	-2,292	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 40.00
41.00 PROPERTY TAX	A	-1,936	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.00
41.01 DEPRECIATION TO MEDICRE STRAIGHTLINE	A	-85,154	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 41.01
42.00 DEPRECIATION TO MEDICRE STRAIGHTLINE	A	228,466	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 42.00
43.00 CAPITALIZED DEPRECIATION	A	-353	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 43.00
44.00 NON-ALLOWABLE DEPRECIATION	A	-801	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 44.00
44.01 CONTRIBUTIONS	A	-10,000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 44.01
44.02 SCHOLARSHIPS	A	-2,000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 44.02
44.03 COMMUNITY SUPPORT	A	-7,879	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.03
44.04 CABLE	A	-227	OPERATING ROOM	50.00	0 44.04
44.05 CABLE	A	-120	LABORATORY	60.00	0 44.05
44.06 CABLE	A	-1,938	O/P PHYSICAL THERAPY	66.01	0 44.06
44.07 INTANGIBLE	A	-63	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 44.07
44.08 REMOVE LOSS ON DISPOSITION OF ASSET	A	-3,660	ADULTS & PEDIATRICS	30.00	0 44.08
44.09 REMOVE LOSS ON DISPOSITION OF ASSET	A	-90	INTENSIVE CARE UNIT	31.00	0 44.09
44.10 REMOVE LOSS ON DISPOSITION OF ASSET	A	-5,441	OPERATING ROOM	50.00	0 44.10
45.00 REMOVE LOSS ON DISPOSITION OF ASSET	A	-12,724	LABORATORY	60.00	0 45.00
45.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.01
45.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.02
45.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.03
45.04 PHYSICIAN MALPRACTICE	A	-8,703	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.04
45.05 SALES TAX EXPENSE	A	-103	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.05
45.06 NON-ALLOWABLE MISC EXPENSE	A	-376	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.06
45.07 NON-ALLOWABLE MISC EXPENSE	A	-124	OPERATION OF PLANT	7.00	0 45.07
45.08 NON-ALLOWABLE MISC EXPENSE	A	-35	NURSING ADMINISTRATION	13.00	0 45.08
45.09 NON-ALLOWABLE MISC EXPENSE	A	-169	OPERATING ROOM	50.00	0 45.09
45.10 NON-ALLOWABLE MISC EXPENSE	A	-12	ONCOLOGY	55.00	0 45.10
45.11 NON-ALLOWABLE MISC EXPENSE	A	-492	LABORATORY	60.00	0 45.11
45.12 NON-ALLOWABLE MISC EXPENSE	A	-7	EMERGENCY	91.00	0 45.12
45.13 AMORT BOND PREM 2017A	A	-30	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.13
45.14 MEALS ON WHEELS	A	-2,279	DIETARY	10.00	0 45.14
45.15 HOSPICE COSTS	A	-21,637	ADULTS & PEDIATRICS	30.00	0 45.15
45.16 OTHER COMMUNITY PROGRAM COSTS	A	-26,842	O/P PHYSICAL THERAPY	66.01	0 45.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1340

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

Worksheet A-8

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
45.17 OTHER COMMUNITY PROGRAM COSTS	A	-7,242	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.17
45.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.18
45.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.19
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,861,333				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: 14-1340

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

Worksheet A-8-1

Date/Time Prepared: 1/29/2019 5:14 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	NMHC HOME OFFICE ADMIN STRAT	3,773,096	8,985,644 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NMHC HOME OFFICE CAPITAL	275,738	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NMHC HOME OFFICE CAPITAL	3,083,950	0 3.00
4.00	5.01	NONPATIENT TELEPHONES	NMHC HOME OFFICE TELECOMMUNI	212,055	0 4.00
4.01	5.02	DATA PROCESSING	NMHC HOME OFFICE INFORMATION	129,449	0 4.01
4.02	5.05	CASHIERING/ACCOUNTS RECEIVAB	NMHC HOME OFFICE PATIENT ACC	377,779	0 4.02
4.03	13.00	NURSING ADMINISTRATION	NMHC HOME OFFICE QUALITY	123,644	0 4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE BENEFITS	-182,263	0 4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	2,514,038	2,514,038 4.05
4.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCO EXPENSE	164	164 4.06
4.07	5.06	OTHER ADMINISTRATIVE AND GEN	IC CAPTIVE RISK INSURANCE	338,534	338,534 4.07
4.08	5.06	OTHER ADMINISTRATIVE AND GEN	WEST REGION COSTS	33,742	33,742 4.08
4.09	9.00	HOUSEKEEPING	PURCHASED SERVICE	2	2 4.09
4.10	55.00	ONCOLOGY	IC LEASED EE MD	250,710	250,710 4.10
4.11	60.00	LABORATORY	INTERCO EXPENSE	181	181 4.11
4.12	60.00	LABORATORY	LAB PURCHASED SERVICE	198,993	198,993 4.12
4.13	5.06	OTHER ADMINISTRATIVE AND GEN	CADENCE HOME OFFICE ADMIN	326,372	800,613 4.13
4.14	1.00	NEW CAP REL COSTS-BLDG & FIX	CADENCE HOME OFFICE CAPITAL	260,821	0 4.14
4.15	2.00	NEW CAP REL COSTS-MVBLE EQUI	CADENCE HOME OFFICE CAPITAL	27,010	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	CADENCE HOME OFFICE HIM	56,131	0 4.16
5.00	0			11,800,146	13,122,621 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	A		0.00	KI SHWAUKEE HEALTH SYSTEM	100.00	6.00
7.00	A		0.00	HEALTH VENTURES	51.00	7.00
8.00	A		0.00	KI SHWAUKEE HOSP	100.00	8.00
9.00	A		0.00	NW MEDICINE	100.00	9.00
10.00	A		0.00	CADENCE	100.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-1340

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2019 5:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-5,212,548	0		1.00
2.00	275,738	9		2.00
3.00	3,083,950	9		3.00
4.00	212,055	0		4.00
4.01	129,449	0		4.01
4.02	377,779	0		4.02
4.03	123,644	0		4.03
4.04	-182,263	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	-474,241	0		4.13
4.14	260,821	9		4.14
4.15	27,010	9		4.15
4.16	56,131	0		4.16
5.00	-1,322,475			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE RENT		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	HEALTHCARE		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: 14-1340

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

Worksheet A-8-2

Date/Time Prepared:
1/29/2019 5:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	AGGREGATE-NURSING ADMINISTRATION	1,075,567	1,075,567	0	0	0	1.00
2.00	53.00	AGGREGATE-ANESTHESIOLOGY	253,550	253,550	0	0	0	2.00
3.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	94,485	94,485	0	0	0	3.00
4.00	55.00	AGGREGATE-ONCOLOGY	258,631	258,631	0	0	0	4.00
5.00	55.00	AGGREGATE-ONCOLOGY	250,710	250,710	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	199,675	199,675	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	57,000	57,000	0	0	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	16,875	16,875	0	0	0	8.00
9.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTMENT	1,047	1,047	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	2,338,007	2,053,563	284,444	0	0	10.00
200.00			4,545,547	4,261,103	284,444		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	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	1.00
2.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	4.00
5.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	1,075,567		1.00
2.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	253,550		2.00
3.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	94,485		3.00
4.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	258,631		4.00
5.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	250,710		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	199,675		6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	57,000		7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	16,875		8.00
9.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTMENT	0	0	0	1,047		9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	2,053,563		10.00
200.00			0	0	0	4,261,103		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	2,117,179	2,117,179				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	4,082,304		4,082,304			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,290,694	12,966	25,000	3,328,660		4.00
5.01 00540 NONPATIENT TELEPHONES	212,055	18,218	35,128	0	265,401	5.01
5.02 00550 DATA PROCESSING	129,451	26,816	51,706	0	7,314	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	172,204	0	0	33,715	3,135	5.03
5.04 00570 ADMINISTRATION	488,775	31,709	61,142	127,238	12,539	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	377,779	3,953	7,623	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	6,187,574	126,478	243,873	298,795	30,302	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,662,746	347,894	670,802	70,048	3,135	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	120,904	14,514	27,985	0	1,045	8.00
9.00 00900 HOUSEKEEPING	468,447	39,118	75,427	71,165	1,045	9.00
10.00 01000 DIETARY	107,579	17,942	34,595	20,904	4,180	10.00
11.00 01100 CAFETERIA	352,471	70,717	136,356	82,319	1,045	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	301,298	22,144	42,698	26,498	2,090	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	105,997	77,048	148,563	16,500	0	14.00
15.00 01500 PHARMACY	535,514	31,433	60,608	132,978	6,269	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	56,131	19,075	36,781	0	8,359	16.00
17.00 01700 SOCIAL SERVICE	161,891	0	0	34,809	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,306,048	334,373	644,731	586,757	21,943	30.00
31.00 03100 INTENSIVE CARE UNIT	117,400	47,799	92,165	29,592	8,359	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	507,429	11,307	21,802	131,934	1,045	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,319,700	278,805	537,587	353,562	44,926	50.00
51.00 05100 RECOVERY ROOM	134,555	44,205	85,236	34,677	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	165,342	14,155	27,292	47,447	1,045	52.00
53.00 05300 ANESTHESIOLOGY	26,951	9,206	17,751	0	1,045	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,926,889	210,355	405,602	291,519	28,212	54.00
55.00 03480 ONCOLOGY	1,030,690	0	0	31,005	6,269	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	1,620,445	72,901	140,567	196,087	12,539	60.00
64.00 06400 INTRAVENOUS THERAPY	24,429	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	443,980	17,693	34,116	109,479	2,090	65.00
66.00 06600 PHYSICAL THERAPY	103,407	26,457	51,013	26,455	2,090	66.00
66.01 06601 O/P PHYSICAL THERAPY	339,602	0	0	79,205	2,090	66.01
69.00 06900 ELECTROCARDIOLOGY	6,655	6,193	11,940	1,648	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	711,490	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	441,689	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	771,740	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	57,436	0	0	8,476	6,269	76.00
76.01 03950 SLEEP LAB	36,873	16,919	32,623	0	2,090	76.01
76.97 07697 CARDIAC REHABILITATION	229,499	0	0	31,358	3,135	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	21,686	0	0	2,541	7,314	90.00
91.00 09100 EMERGENCY	1,892,540	113,540	218,926	397,556	21,943	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,167,468	2,063,933	3,979,638	3,274,267	252,862	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,466	18,108	34,915	0	2,090	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	203,205	8,598	16,578	0	3,135	192.00
194.00	07950	COMMUNITY WELLNESS	226,684	26,540	51,173	54,393	7,314	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	36,632,823	2,117,179	4,082,304	3,328,660	265,401	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

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Part I
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	215,287					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	2,922	211,976				5.03
5.04	00570 ADMINITTING	12,664	289	734,356			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	974	0	0	390,329		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	20,457	149	0	0	6,907,628	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	4,871	489	0	0	2,759,985	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	164,448	8.00
9.00	00900 HOUSEKEEPING	974	1,035	0	0	657,211	9.00
10.00	01000 DIETARY	974	24	0	0	186,198	10.00
11.00	01100 CAFETERIA	1,948	97	0	0	644,953	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	974	0	0	0	395,702	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	348,108	14.00
15.00	01500 PHARMACY	5,845	407	0	0	773,054	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	5,845	0	0	0	126,191	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	196,700	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	23,380	0	192,330	24,130	4,133,692	30.00
31.00	03100 INTENSIVE CARE UNIT	7,793	0	11,874	1,207	316,189	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	3,897	0	18,434	1,873	697,721	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,278	0	45,845	30,530	3,638,233	50.00
51.00	05100 RECOVERY ROOM	0	0	5,458	2,766	306,897	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,948	0	23,285	2,385	282,899	52.00
53.00	05300 ANESTHESIOLOGY	974	0	15,542	8,288	79,757	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,354	2	58,932	89,178	3,035,043	54.00
55.00	03480 ONCOLOGY	6,819	533	0	18,027	1,093,343	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	14,612	3,460	70,227	47,142	2,177,980	60.00
64.00	06400 INTRAVENOUS THERAPY	0	2,641	33,447	11,333	71,850	64.00
65.00	06500 RESPIRATORY THERAPY	2,922	0	20,170	6,141	636,591	65.00
66.00	06600 PHYSICAL THERAPY	1,948	0	7,227	1,053	219,650	66.00
66.01	06601 O/P PHYSICAL THERAPY	5,845	0	3	3,089	429,834	66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	158	26,594	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	154,290	63,400	22,738	951,918	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	47,748	17,496	10,086	517,019	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	378	126,598	41,712	940,428	73.00
76.00	03020 CLINICAL NUTRITION	2,922	0	105	160	75,368	76.00
76.01	03950 SLEEP LAB	0	0	0	881	89,386	76.01
76.97	07697 CARDIAC REHABILITATION	3,897	0	0	1,086	268,975	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	974	0	51	323	32,889	90.00
91.00	09100 EMERGENCY	17,535	0	23,932	66,043	2,752,015	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,546	211,542	734,356	390,329	35,934,449	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	974	91	0	0	91,644	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	974	0	0	0	232,490	192.00
194.00	07950	COMMUNITY WELLNESS	7,793	343	0	0	374,240	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	215,287	211,976	734,356	390,329	36,632,823	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

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Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	6,907,628					5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	641,374	0	3,401,359			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	38,215	0	31,867	234,530		8.00
9.00	00900 HOUSEKEEPING	152,725	0	85,890	0	895,826	9.00
10.00	01000 DIETARY	43,269	0	39,394	0	10,747	10.00
11.00	01100 CAFETERIA	149,876	0	155,269	0	42,360	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	91,954	0	48,620	0	13,265	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	80,894	0	169,170	0	46,153	14.00
15.00	01500 PHARMACY	179,645	0	69,015	0	18,829	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	29,325	0	41,883	0	11,426	16.00
17.00	01700 SOCIAL SERVICE	45,710	0	0	0	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	960,597	0	734,160	73,824	200,291	30.00
31.00	03100 INTENSIVE CARE UNIT	73,477	0	104,949	2,667	28,632	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	162,138	0	24,826	5,209	6,773	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	845,463	0	612,155	32,602	167,007	50.00
51.00	05100 RECOVERY ROOM	71,318	0	97,059	0	26,479	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	65,741	0	31,078	6,632	8,479	52.00
53.00	05300 ANESTHESIOLOGY	18,534	0	20,213	1,918	5,514	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	705,292	0	461,863	30,582	126,005	54.00
55.00	03480 ONCOLOGY	254,074	0	0	582	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	506,126	0	160,065	0	43,669	60.00
64.00	06400 INTRAVENOUS THERAPY	16,697	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	147,933	0	38,848	580	10,598	65.00
66.00	06600 PHYSICAL THERAPY	51,043	0	58,089	0	15,848	66.00
66.01	06601 O/P PHYSICAL THERAPY	99,886	0	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	6,180	0	13,597	446	3,709	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	221,210	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	120,146	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	218,539	0	0	0	0	73.00
76.00	03020 CLINICAL NUTRITION	17,514	0	0	0	0	76.00
76.01	03950 SLEEP LAB	20,772	0	37,148	37	10,135	76.01
76.97	07697 CARDIAC REHABILITATION	62,505	0	0	624	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	7,643	0	0	214	0	90.00
91.00	09100 EMERGENCY	639,522	0	249,293	78,613	68,012	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,745,337	0	3,284,451	234,530	863,931	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,297	0	39,758	0	10,847	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,027	0	18,878	0	5,150	192.00
194.00	07950	COMMUNITY WELLNESS	86,967	0	58,272	0	15,898	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,907,628	0	3,401,359	234,530	895,826	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part I Date/Time Prepared: 1/29/2019 5:14 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	279,608					10.00
11.00	01100	CAFETERIA	0	992,458				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,961	0	556,502		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,797	0	0	655,122	14.00
15.00	01500	PHARMACY	0	36,777	0	0	1,271	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,541	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,834	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	266,693	218,104	0	209,310	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,915	8,544	0	8,200	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	49,206	0	47,222	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	127,869	0	122,714	0	50.00
51.00	05100	RECOVERY ROOM	0	9,626	0	9,238	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,032	0	15,386	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	107,736	0	0	7	54.00
55.00	03480	ONCOLOGY	0	14,788	0	0	1,664	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	94,189	0	0	10,800	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	8,242	64.00
65.00	06500	RESPIRATORY THERAPY	0	42,494	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,683	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	31,550	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	669	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	481,570	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	149,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,179	73.00
76.00	03020	CLINICAL NUTRITION	0	3,660	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	11,617	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,310	0	0	0	90.00
91.00	09100	EMERGENCY	0	150,499	0	144,432	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	279,608	965,486	0	556,502	653,765	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	285	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	26,972	0	0	1,072	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	279,608	992,458	0	556,502	655,122	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Prepared: 1/29/2019 5:14 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	1,078,591				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	215,366			16.00
17.00	01700	SOCIAL SERVICE	0	0	250,244		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	13,314	238,686	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	666	11,558	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,034	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,845	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,526	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,316	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,573	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	49,204	0	0	54.00
55.00	03480	ONCOLOGY	0	9,947	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,011	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,253	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,388	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	581	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	1,705	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	87	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,546	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,565	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,078,591	23,015	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	88	0	0	76.00
76.01	03950	SLEEP LAB	0	486	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	599	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	178	0	0	90.00
91.00	09100	EMERGENCY	0	36,439	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
113.00	11300						113.00
118.00		1,078,591	215,366	250,244	0	0	118.00
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00					0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,078,591	215,366	250,244	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00560 PURCHASING RECEIVING AND STORES							5.03
5.04 00570 ADMITTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	7,048,671	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	567,797	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	994,129	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	5,562,888	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	522,143	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	427,563	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	130,509	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,515,732	0	0	54.00
55.00 03480 ONCOLOGY	0	0	0	1,374,398	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	3,018,840	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	103,042	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	880,432	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	353,894	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	562,975	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	51,282	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,667,244	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	791,762	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,261,752	0	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	0	96,630	0	0	76.00
76.01 03950 SLEEP LAB	0	0	0	157,964	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	344,320	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	42,234	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	4,118,825	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00	23.00					
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	35,595,026	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	163,831	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	310,545	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	563,421	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	36,632,823	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Prepared: 1/29/2019 5:14 pm
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540 NONPATIENT TELEPHONES			5.01
5.02	00550 DATA PROCESSING			5.02
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.04	00570 ADMITTING			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
12.00	01200 MAINTENANCE OF PERSONNEL			12.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000 NURSING SCHOOL			20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	7,048,671		30.00
31.00	03100 INTENSIVE CARE UNIT	567,797		31.00
41.00	04100 SUBPROVIDER - I RF	0		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	994,129		43.00
45.00	04500 NURSING FACILITY	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	5,562,888		50.00
51.00	05100 RECOVERY ROOM	522,143		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	427,563		52.00
53.00	05300 ANESTHESIOLOGY	130,509		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,515,732		54.00
55.00	03480 ONCOLOGY	1,374,398		55.00
57.00	05700 CT SCAN	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0		59.00
60.00	06000 LABORATORY	3,018,840		60.00
64.00	06400 INTRAVENOUS THERAPY	103,042		64.00
65.00	06500 RESPIRATORY THERAPY	880,432		65.00
66.00	06600 PHYSICAL THERAPY	353,894		66.00
66.01	06601 O/P PHYSICAL THERAPY	562,975		66.01
69.00	06900 ELECTROCARDIOLOGY	51,282		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,667,244		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	791,762		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,261,752		73.00
76.00	03020 CLINICAL NUTRITION	96,630		76.00
76.01	03950 SLEEP LAB	157,964		76.01
76.97	07697 CARDIAC REHABILITATION	344,320		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000 CLINIC	42,234		90.00
91.00	09100 EMERGENCY	4,118,825		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0		99.10
99.20	09920 OPT	0		99.20
99.30	09930 OOT	0		99.30
99.40	09940 OSP	0		99.40
101.00	10100 HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0		110.00
111.00	11100 ISLET ACQUISITION	0		111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	35,595,026		118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	163,831	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	310,545	192.00
194.00	07950 COMMUNITY WELLNESS	563,421	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	36,632,823	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,966	25,000	37,966	4.00
5.01 00540	NONPATIENT TELEPHONES	0	18,218	35,128	53,346	5.01
5.02 00550	DATA PROCESSING	0	26,816	51,706	78,522	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	0	31,709	61,142	92,851	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,953	7,623	11,576	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	185,436	126,478	243,873	555,787	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	347,894	670,802	1,018,696	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	14,514	27,985	42,499	8.00
9.00 00900	HOUSEKEEPING	0	39,118	75,427	114,545	9.00
10.00 01000	DIETARY	967	17,942	34,595	53,504	10.00
11.00 01100	CAFETERIA	3,806	70,717	136,356	210,879	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	22,144	42,698	64,842	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	77,048	148,563	225,611	14.00
15.00 01500	PHARMACY	65,002	31,433	60,608	157,043	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	19,075	36,781	55,856	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	334,373	644,731	979,104	30.00
31.00 03100	INTENSIVE CARE UNIT	0	47,799	92,165	139,964	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	11,307	21,802	33,109	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	278,805	537,587	816,392	50.00
51.00 05100	RECOVERY ROOM	0	44,205	85,236	129,441	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	14,155	27,292	41,447	52.00
53.00 05300	ANESTHESIOLOGY	0	9,206	17,751	26,957	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	210,355	405,602	615,957	54.00
55.00 03480	ONCOLOGY	115,805	0	0	115,805	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	72,901	140,567	213,468	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	492	17,693	34,116	52,301	65.00
66.00 06600	PHYSICAL THERAPY	0	26,457	51,013	77,470	66.00
66.01 06601	O/P PHYSICAL THERAPY	47,146	0	0	47,146	66.01
69.00 06900	ELECTROCARDIOLOGY	0	6,193	11,940	18,133	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	CLINICAL NUTRITION	29,169	0	0	29,169	76.00
76.01 03950	SLEEP LAB	0	16,919	32,623	49,542	76.01
76.97 07697	CARDIAC REHABILITATION	97,198	0	0	97,198	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	10,771	0	0	10,771	90.00
91.00 09100	EMERGENCY	0	113,540	218,926	332,466	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	555,792	2,063,933	3,979,638	6,599,363	37,346 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,108	34,915	53,023	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	182,381	8,598	16,578	207,557	0 192.00
194.00 07950	COMMUNITY WELLNESS	0	26,540	51,173	77,713	620 194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	738,173	2,117,179	4,082,304	6,937,656	37,966 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	53,346					5.01
5.02	00550	DATA PROCESSING	1,470	79,992				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	630	1,086	2,101			5.03
5.04	00570	ADMINISTRATIVE	2,520	4,705	3	101,530		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	362	0	0	11,938	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,091	7,601	1	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	630	1,810	5	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	210	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	210	362	10	0	0	9.00
10.00	01000	DIETARY	840	362	0	0	0	10.00
11.00	01100	CAFETERIA	210	724	1	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	420	362	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,260	2,172	4	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,680	2,172	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,410	8,687	0	26,584	735	30.00
31.00	03100	INTENSIVE CARE UNIT	1,680	2,896	0	1,642	37	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	210	1,448	0	2,549	57	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,034	10,132	0	6,339	930	50.00
51.00	05100	RECOVERY ROOM	0	0	0	755	84	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	210	724	0	3,220	73	52.00
53.00	05300	ANESTHESIOLOGY	210	362	0	2,149	253	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,671	9,049	0	8,148	2,761	54.00
55.00	03480	ONCOLOGY	1,260	2,534	5	0	549	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,520	5,429	34	9,710	1,437	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	26	4,625	345	64.00
65.00	06500	RESPIRATORY THERAPY	420	1,086	0	2,789	187	65.00
66.00	06600	PHYSICAL THERAPY	420	724	0	999	32	66.00
66.01	06601	O/P PHYSICAL THERAPY	420	2,172	0	0	94	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	5	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,531	8,766	693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	473	2,419	307	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4	17,505	1,271	73.00
76.00	03020	CLINICAL NUTRITION	1,260	1,086	0	15	5	76.00
76.01	03950	SLEEP LAB	420	0	0	0	27	76.01
76.97	07697	CARDIAC REHABILITATION	630	1,448	0	0	33	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,470	362	0	7	10	90.00
91.00	09100	EMERGENCY	4,410	6,515	0	3,309	2,013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,826	76,372	2,097	101,530	11,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	420	362	1	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	630	362	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	1,470	2,896	3	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	53,346	79,992	2,101	101,530	11,938	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	572,888				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	53,193	0	1,075,133		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,169	0	10,073	55,951	8.00
9.00	00900	HOUSEKEEPING	12,666	0	27,149	0	155,754 9.00
10.00	01000	DIETARY	3,589	0	12,452	0	1,869 10.00
11.00	01100	CAFETERIA	12,430	0	49,079	0	7,365 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	7,626	0	15,368	0	2,306 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,709	0	53,473	0	8,024 14.00
15.00	01500	PHARMACY	14,899	0	21,815	0	3,274 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,432	0	13,239	0	1,987 16.00
17.00	01700	SOCIAL SERVICE	3,791	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,663	0	232,061	17,612	34,824 30.00
31.00	03100	INTENSIVE CARE UNIT	6,094	0	33,173	636	4,978 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	13,447	0	7,847	1,243	1,178 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	70,120	0	193,496	7,778	29,037 50.00
51.00	05100	RECOVERY ROOM	5,915	0	30,679	0	4,604 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,452	0	9,823	1,582	1,474 52.00
53.00	05300	ANESTHESIOLOGY	1,537	0	6,389	458	959 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,494	0	145,990	7,296	21,908 54.00
55.00	03480	ONCOLOGY	21,072	0	0	139	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	41,976	0	50,595	0	7,592 60.00
64.00	06400	INTRAVENOUS THERAPY	1,385	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	12,269	0	12,279	138	1,843 65.00
66.00	06600	PHYSICAL THERAPY	4,233	0	18,361	0	2,755 66.00
66.01	06601	O/P PHYSICAL THERAPY	8,284	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	513	0	4,298	106	645 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,346	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,965	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,125	0	0	0	0 73.00
76.00	03020	CLINICAL NUTRITION	1,453	0	0	0	0 76.00
76.01	03950	SLEEP LAB	1,723	0	11,742	9	1,762 76.01
76.97	07697	CARDIAC REHABILITATION	5,184	0	0	149	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	634	0	0	51	0 90.00
91.00	09100	EMERGENCY	53,040	0	78,799	18,754	11,825 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OPT	0	0	0	0	0 99.20
99.30	09930	OOT	0	0	0	0	0 99.30
99.40	09940	OSP	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	559,428	0	1,038,180	55,951	150,209	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,766	0	12,567	0	1,886	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,481	0	5,967	0	895	192.00
194.00	07950	COMMUNITY WELLNESS	7,213	0	18,419	0	2,764	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	572,888	0	1,075,133	55,951	155,754	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	72,854					10.00
11.00	01100	CAFETERIA	0	281,627				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,975	0	93,201		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,064	0	0	297,069	14.00
15.00	01500	PHARMACY	0	10,436	0	0	576	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,856	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,223	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,489	61,890	0	35,054	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,365	2,425	0	1,373	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	13,963	0	7,909	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	36,285	0	20,552	0	50.00
51.00	05100	RECOVERY ROOM	0	2,731	0	1,547	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,549	0	2,577	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,572	0	0	3	54.00
55.00	03480	ONCOLOGY	0	4,196	0	0	755	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	26,728	0	0	4,897	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,738	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,058	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,464	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	8,953	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	190	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	218,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	67,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	535	73.00
76.00	03020	CLINICAL NUTRITION	0	1,039	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	3,297	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	372	0	0	0	90.00
91.00	09100	EMERGENCY	0	42,707	0	24,189	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,854	273,973	0	93,201	296,454	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	129	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	7,654	0	0	486	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	72,854	281,627	0	93,201	297,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	212,996				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	79,222			16.00
17.00	01700	SOCIAL SERVICE	0	0	6,411		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,898	6,115		30.00
31.00	03100	INTENSIVE CARE UNIT	0	245	296		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	380	0		43.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	6,197	0		50.00
51.00	05100	RECOVERY ROOM	0	561	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	484	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,682	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,094	0		54.00
55.00	03480	ONCOLOGY	0	3,659	0		55.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	9,569	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,300	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,247	0		65.00
66.00	06600	PHYSICAL THERAPY	0	214	0		66.00
66.01	06601	O/P PHYSICAL THERAPY	0	627	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	32	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,616	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,047	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	212,996	8,467	0		73.00
76.00	03020	CLINICAL NUTRITION	0	32	0		76.00
76.01	03950	SLEEP LAB	0	179	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	220	0		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	66	0		90.00
91.00	09100	EMERGENCY	0	13,406	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,996	79,222	6,411	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0			194.00
200.00		Cross Foot Adjustments				0		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	212,996	79,222	6,411	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00	02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			1,567,815	0	30.00
31.00	03100	INTENSIVE CARE UNIT			199,142	0	31.00
41.00	04100	SUBPROVIDER - I&R			0	0	41.00
42.00	04200	SUBPROVIDER			0	0	42.00
43.00	04300	NURSERY			84,845	0	43.00
45.00	04500	NURSING FACILITY			0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			1,210,325	0	50.00
51.00	05100	RECOVERY ROOM			176,713	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			72,156	0	52.00
53.00	05300	ANESTHESIOLOGY			40,956	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			927,268	0	54.00
55.00	03480	ONCOLOGY			150,328	0	55.00
57.00	05700	CT SCAN			0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	59.00
60.00	06000	LABORATORY			376,192	0	60.00
64.00	06400	INTRAVENOUS THERAPY			12,419	0	64.00
65.00	06500	RESPIRATORY THERAPY			97,866	0	65.00
66.00	06600	PHYSICAL THERAPY			107,974	0	66.00
66.01	06601	O/P PHYSICAL THERAPY			68,599	0	66.01
69.00	06900	ELECTROCARDIOLOGY			23,941	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			252,322	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			82,791	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			258,903	0	73.00
76.00	03020	CLINICAL NUTRITION			34,156	0	76.00
76.01	03950	SLEEP LAB			65,404	0	76.01
76.97	07697	CARDIAC REHABILITATION			108,517	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC			0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
90.00	09000	CLINIC			13,772	0	90.00
91.00	09100	EMERGENCY			595,968	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF			0	0	99.10
99.20	09920	OPT			0	0	99.20
99.30	09930	OOT			0	0	99.30
99.40	09940	OSP			0	0	99.40
101.00	10100	HOME HEALTH AGENCY			0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION			0	0
110.00	11000	INTESTINAL ACQUISITION			0	0
111.00	11100	ISLET ACQUISITION			0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	6,528,372	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			70,154	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			219,892	0
194.00	07950	COMMUNITY WELLNESS			119,238	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	0	6,937,656	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,567,815	30.00
31.00	03100	INTENSIVE CARE UNIT	199,142	31.00
41.00	04100	SUBPROVIDER - IIRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	84,845	43.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,210,325	50.00
51.00	05100	RECOVERY ROOM	176,713	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,156	52.00
53.00	05300	ANESTHESIOLOGY	40,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	927,268	54.00
55.00	03480	ONCOLOGY	150,328	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	376,192	60.00
64.00	06400	INTRAVENOUS THERAPY	12,419	64.00
65.00	06500	RESPIRATORY THERAPY	97,866	65.00
66.00	06600	PHYSICAL THERAPY	107,974	66.00
66.01	06601	O/P PHYSICAL THERAPY	68,599	66.01
69.00	06900	ELECTROCARDIOLOGY	23,941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	252,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,791	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	258,903	73.00
76.00	03020	CLINICAL NUTRITION	34,156	76.00
76.01	03950	SLEEP LAB	65,404	76.01
76.97	07697	CARDIAC REHABILITATION	108,517	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	13,772	90.00
91.00	09100	EMERGENCY	595,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OPT	0	99.20
99.30	09930	OOT	0	99.30
99.40	09940	OSP	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,528,372	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 5:14 pm
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	70,154	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	219,892	192.00
194.00	07950 COMMUNITY WELLNESS	119,238	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,937,656	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	76,583				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		76,583			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	469	469	12,601,877		4.00
5.01	00540	NONPATIENT TELEPHONES	659	659	0	254	5.01
5.02	00550	DATA PROCESSING	970	970	0	7	221
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	127,640	3	3
5.04	00570	ADMINISTRATIVE	1,147	1,147	481,708	12	13
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	143	143	0	0	1
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	4,575	4,575	1,131,198	29	21
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	12,584	12,584	265,192	3	5
8.00	00800	LAUNDRY & LINEN SERVICE	525	525	0	1	0
9.00	00900	HOUSEKEEPING	1,415	1,415	269,423	1	1
10.00	01000	DIETARY	649	649	79,140	4	1
11.00	01100	CAFETERIA	2,558	2,558	311,648	1	2
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	801	801	100,319	2	1
14.00	01400	CENTRAL SERVICES & SUPPLY	2,787	2,787	62,467	0	0
15.00	01500	PHARMACY	1,137	1,137	503,437	6	6
16.00	01600	MEDICAL RECORDS & LIBRARY	690	690	0	8	6
17.00	01700	SOCIAL SERVICE	0	0	131,783	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,095	12,095	2,221,378	21	24
31.00	03100	INTENSIVE CARE UNIT	1,729	1,729	112,033	8	8
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	409	409	499,487	1	4
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,085	10,085	1,338,542	43	28
51.00	05100	RECOVERY ROOM	1,599	1,599	131,283	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	512	512	179,629	1	2
53.00	05300	ANESTHESIOLOGY	333	333	0	1	1
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,609	7,609	1,103,652	27	25
55.00	03480	ONCOLOGY	0	0	117,381	6	7
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,637	2,637	742,361	12	15
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	640	640	414,474	2	3
66.00	06600	PHYSICAL THERAPY	957	957	100,155	2	2
66.01	06601	O/P PHYSICAL THERAPY	0	0	299,860	2	6
69.00	06900	ELECTROCARDIOLOGY	224	224	6,238	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	CLINICAL NUTRITION	0	0	32,090	6	3
76.01	03950	SLEEP LAB	612	612	0	2	0
76.97	07697	CARDIAC REHABILITATION	0	0	118,718	3	4
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	9,621	7	1
91.00	09100	EMERGENCY	4,107	4,107	1,505,094	21	18
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,657	74,657	12,395,951	242	211	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	655	655	0	2	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	311	311	0	3	1	192.00
194.00	07950	COMMUNITY WELLNESS	960	960	205,926	7	8	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,117,179	4,082,304	3,328,660	265,401	215,287	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.645548	53.305616	0.264140	1,044.885827	974.149321	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			37,966	53,346	79,992	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003013	210.023622	361.954751	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,960,863					5.03
5.04	00570	ADMITTING	2,672	21,457,886				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	112,243,346			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,382	0	0	-6,907,628	29,725,195	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,526	0	0	0	2,759,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	164,448	8.00
9.00	00900	HOUSEKEEPING	9,574	0	0	0	657,211	9.00
10.00	01000	DIETARY	218	0	0	0	186,198	10.00
11.00	01100	CAFETERIA	901	0	0	0	644,953	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	395,702	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	348,108	14.00
15.00	01500	PHARMACY	3,767	0	0	0	773,054	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	126,191	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	196,700	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,619,768	6,937,758	0	4,133,692	30.00
31.00	03100	INTENSIVE CARE UNIT	0	346,960	346,960	0	316,189	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	538,634	538,634	0	697,721	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,339,606	8,777,925	0	3,638,233	50.00
51.00	05100	RECOVERY ROOM	0	159,481	795,307	0	306,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	680,404	685,671	0	282,899	52.00
53.00	05300	ANESTHESIOLOGY	0	454,140	2,383,004	0	79,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20	1,721,995	25,656,443	0	3,035,043	54.00
55.00	03480	ONCOLOGY	4,933	0	5,183,282	0	1,093,343	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	32,007	2,052,042	13,554,203	0	2,177,980	60.00
64.00	06400	INTRAVENOUS THERAPY	24,428	977,330	3,258,436	0	71,850	64.00
65.00	06500	RESPIRATORY THERAPY	0	589,366	1,765,693	0	636,591	65.00
66.00	06600	PHYSICAL THERAPY	0	211,186	302,849	0	219,650	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	92	888,276	0	429,834	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	45,334	0	26,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,427,231	1,852,562	6,537,545	0	951,918	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	441,689	511,231	2,899,847	0	517,019	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,495	3,699,206	11,992,970	0	940,428	73.00
76.00	03020	CLINICAL NUTRITION	0	3,075	45,954	0	75,368	76.00
76.01	03950	SLEEP LAB	0	0	253,286	0	89,386	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	312,274	0	268,975	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,502	93,006	0	32,889	90.00
91.00	09100	EMERGENCY	0	699,306	18,988,689	0	2,752,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,956,843	21,457,886	112,243,346	-6,907,628	29,026,821
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	844	0	0	0	91,644
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	232,490
194.00	07950	COMMUNITY WELLNESS	3,176	0	0	0	374,240
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)	211,976	734,356	390,329	6,907,628	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.108103	0.034223	0.003478	0.232383	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,101	101,530	11,938	572,888	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001071	0.004732	0.000106	0.019273	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet B-1	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	56,036			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	525	108,322		8.00
9.00	00900	HOUSEKEEPING	0	1,415	0	54,096	9.00
10.00	01000	DIETARY	0	649	0	649	10.00
11.00	01100	CAFETERIA	0	2,558	0	2,558	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	801	0	801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,787	0	2,787	14.00
15.00	01500	PHARMACY	0	1,137	0	1,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	690	0	690	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,095	34,097	12,095	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,729	1,232	1,729	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	409	2,406	409	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,085	15,058	10,085	50.00
51.00	05100	RECOVERY ROOM	0	1,599	0	1,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	512	3,063	512	52.00
53.00	05300	ANESTHESIOLOGY	0	333	886	333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,609	14,125	7,609	54.00
55.00	03480	ONCOLOGY	0	0	269	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,637	0	2,637	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	640	268	640	65.00
66.00	06600	PHYSICAL THERAPY	0	957	0	957	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	224	206	224	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	612	17	612	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	288	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	99	0	90.00
91.00	09100	EMERGENCY	0	4,107	36,308	4,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	54,110	108,322	52,170	1,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	655	0	655	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	311	0	311	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	960	0	960	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	3,401,359	234,530	895,826	279,608	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	60.699532	2.165119	16.559930	155.597106	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,075,133	55,951	155,754	72,854	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	19.186469	0.516525	2.879215	40.542014	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	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	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	243,223					11.00
12.00	01200	0	0				12.00
13.00	01300	1,706	0	142,112			13.00
14.00	01400	2,646	0	0	1,941,590		14.00
15.00	01500	9,013	0	0	3,767	742,929	15.00
16.00	01600	1,603	0	0	0	0	16.00
17.00	01700	1,920	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	53,451	0	53,451	0	0	30.00
31.00	03100	2,094	0	2,094	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	12,059	0	12,059	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,337	0	31,337	0	0	50.00
51.00	05100	2,359	0	2,359	0	0	51.00
52.00	05200	3,929	0	3,929	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	26,403	0	0	20	0	54.00
55.00	03480	3,624	0	0	4,933	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	23,083	0	0	32,007	0	60.00
64.00	06400	0	0	0	24,428	0	64.00
65.00	06500	10,414	0	0	0	0	65.00
66.00	06600	2,128	0	0	0	0	66.00
66.01	06601	7,732	0	0	0	0	66.01
69.00	06900	164	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	1,427,231	0	71.00
72.00	07200	0	0	0	441,689	0	72.00
73.00	07300	0	0	0	3,495	742,929	73.00
76.00	03020	897	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.97	07697	2,847	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	321	0	0	0	0	90.00
91.00	09100	36,883	0	36,883	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		236,613	0	142,112	1,937,570	742,929	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	844	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	6,610	0	0	3,176	0	194.00
200.00							200.00
201.00							201.00
202.00		992,458	0	556,502	655,122	1,078,591	202.00
203.00		4.080445	0.000000	3.915940	0.337415	1.451809	203.00
204.00		281,627	0	93,201	297,069	212,996	204.00
205.00		1.157896	0.000000	0.655828	0.153003	0.286698	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	112,243,346				16.00
17.00	01700	SOCIAL SERVICE	0	1,797			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,937,758	1,714	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	346,960	83	0	0	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	538,634	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,777,925	0	0	0	50.00
51.00	05100	RECOVERY ROOM	795,307	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	685,671	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,383,004	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,656,443	0	0	0	54.00
55.00	03480	ONCOLOGY	5,183,282	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,554,203	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,258,436	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,765,693	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	302,849	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	888,276	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	45,334	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,537,545	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,899,847	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,992,970	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	45,954	0	0	0	76.00
76.01	03950	SLEEP LAB	253,286	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	312,274	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	93,006	0	0	0	90.00
91.00	09100	EMERGENCY	18,988,689	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1

Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,243,346	1,797	0	0	0 118.00
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	0	0	0	0 192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	215,366	250,244	0	0	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001919	139.256539	0.000000	0.000000	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	79,222	6,411	0	0	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000706	3.567613	0.000000	0.000000	0.000000 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0 206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0 207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	
	SERVICES-OTHER			
GENERAL SERVICE COST CENTERS				
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00540	NONPATIENT TELEPHONES			5.01
5.02 00550	DATA PROCESSING			5.02
5.03 00560	PURCHASING RECEIVING AND STORES			5.03
5.04 00570	ADMITTING			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
12.00 01200	MAINTENANCE OF PERSONNEL			12.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000	NURSING SCHOOL			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	42.00
43.00 04300	NURSERY	0	0	43.00
45.00 04500	NURSING FACILITY	0	0	45.00
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
55.00 03480	ONCOLOGY	0	0	55.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	O/P PHYSICAL THERAPY	0	0	66.01
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020	CLINICAL NUTRITION	0	0	76.00
76.01 03950	SLEEP LAB	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 09910	CORF	0	0	99.10
99.20 09920	OPT	0	0	99.20
99.30 09930	OOT	0	0	99.30
99.40 09940	OSP	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

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

Worksheet B-1
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	
	SERVICES-OTHER			
	22.00			
SPECIAL PURPOSE COST CENTERS				
109.00 10900	PANCREAS ACQUISITION	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950	COMMUNITY WELLNESS	0	0	194.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

		Title XVIII		Hospital		Cost
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	7,048,671		7,048,671	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	567,797		567,797	0	0 31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0 41.00
42.00	04200 SUBPROVIDER	0		0	0	0 42.00
43.00	04300 NURSERY	994,129		994,129	0	0 43.00
45.00	04500 NURSING FACILITY	0		0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	5,562,888		5,562,888	0	0 50.00
51.00	05100 RECOVERY ROOM	522,143		522,143	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	427,563		427,563	0	0 52.00
53.00	05300 ANESTHESIOLOGY	130,509		130,509	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,515,732		4,515,732	0	0 54.00
55.00	03480 ONCOLOGY	1,374,398		1,374,398	0	0 55.00
57.00	05700 CT SCAN	0		0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0 59.00
60.00	06000 LABORATORY	3,018,840		3,018,840	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	103,042		103,042	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	880,432	0	880,432	0	0 65.00
66.00	06600 PHYSICAL THERAPY	353,894	0	353,894	0	0 66.00
66.01	06601 O/P PHYSICAL THERAPY	562,975	0	562,975	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	51,282		51,282	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,667,244		1,667,244	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	791,762		791,762	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,261,752		2,261,752	0	0 73.00
76.00	03020 CLINICAL NUTRITION	96,630		96,630	0	0 76.00
76.01	03950 SLEEP LAB	157,964		157,964	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	344,320		344,320	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	09000 CLINIC	42,234		42,234	0	0 90.00
91.00	09100 EMERGENCY	4,118,825		4,118,825	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,252,551		2,252,551	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0		0	0	0 99.10
99.20	09920 OPT	0		0	0	0 99.20
99.30	09930 OOT	0		0	0	0 99.30
99.40	09940 OSP	0		0	0	0 99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	11000 INTES TINAL ACQUISITION	0		0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0 111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	37,847,577	0	37,847,577	0	0 200.00
201.00	Less Observation Beds	2,252,551		2,252,551	0	0 201.00
202.00	Total (see instructions)	35,595,026	0	35,595,026	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

		Title XVIII			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,489,751		5,489,751		30.00
31.00	03100	INTENSIVE CARE UNIT	346,960		346,960		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	538,634		538,634		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,339,606	7,438,319	8,777,925	0.633736	50.00
51.00	05100	RECOVERY ROOM	159,481	635,826	795,307	0.656530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	680,404	5,267	685,671	0.623569	52.00
53.00	05300	ANESTHESIOLOGY	454,140	1,928,864	2,383,004	0.054767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,721,995	23,934,448	25,656,443	0.176008	54.00
55.00	03480	ONCOLOGY	0	5,183,282	5,183,282	0.265160	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	2,052,042	11,502,161	13,554,203	0.222724	60.00
64.00	06400	INTRAVENOUS THERAPY	977,330	2,281,106	3,258,436	0.031623	64.00
65.00	06500	RESPIRATORY THERAPY	589,366	1,176,327	1,765,693	0.498633	65.00
66.00	06600	PHYSICAL THERAPY	211,186	91,663	302,849	1.168549	66.00
66.01	06601	O/P PHYSICAL THERAPY	92	888,184	888,276	0.633784	66.01
69.00	06900	ELECTROCARDIOLOGY	0	45,334	45,334	1.131204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,852,562	4,684,983	6,537,545	0.255026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	511,231	2,388,616	2,899,847	0.273036	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,699,206	8,293,764	11,992,970	0.188590	73.00
76.00	03020	CLINICAL NUTRITION	3,075	42,879	45,954	2.102755	76.00
76.01	03950	SLEEP LAB	0	253,286	253,286	0.623659	76.01
76.97	07697	CARDIAC REHABILITATION	0	312,274	312,274	1.102621	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	1,502	91,504	93,006	0.454100	90.00
91.00	09100	EMERGENCY	699,306	18,289,383	18,988,689	0.216909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	130,017	1,317,990	1,448,007	1.555622	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	21,457,886	90,785,460	112,243,346		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	21,457,886	90,785,460	112,243,346		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/29/2019 5:14 pm
			Title XVIII	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03480	ONCOLOGY	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000		66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020	CLINICAL NUTRITION	0.000000		76.00
76.01	03950	SLEEP LAB	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,048,671		7,048,671	0	7,048,671	30.00
31.00	03100	INTENSIVE CARE UNIT	567,797		567,797	0	567,797	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	994,129		994,129	0	994,129	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,562,888		5,562,888	0	5,562,888	50.00
51.00	05100	RECOVERY ROOM	522,143		522,143	0	522,143	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	427,563		427,563	0	427,563	52.00
53.00	05300	ANESTHESIOLOGY	130,509		130,509	0	130,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,515,732		4,515,732	0	4,515,732	54.00
55.00	03480	ONCOLOGY	1,374,398		1,374,398	0	1,374,398	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	3,018,840		3,018,840	0	3,018,840	60.00
64.00	06400	INTRAVENOUS THERAPY	103,042		103,042	0	103,042	64.00
65.00	06500	RESPIRATORY THERAPY	880,432	0	880,432	0	880,432	65.00
66.00	06600	PHYSICAL THERAPY	353,894	0	353,894	0	353,894	66.00
66.01	06601	O/P PHYSICAL THERAPY	562,975	0	562,975	0	562,975	66.01
69.00	06900	ELECTROCARDIOLOGY	51,282		51,282	0	51,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,667,244		1,667,244	0	1,667,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	791,762		791,762	0	791,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,261,752		2,261,752	0	2,261,752	73.00
76.00	03020	CLINICAL NUTRITION	96,630		96,630	0	96,630	76.00
76.01	03950	SLEEP LAB	157,964		157,964	0	157,964	76.01
76.97	07697	CARDIAC REHABILITATION	344,320		344,320	0	344,320	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	42,234		42,234	0	42,234	90.00
91.00	09100	EMERGENCY	4,118,825		4,118,825	0	4,118,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,252,551		2,252,551	0	2,252,551	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OPT	0		0	0	0	99.20
99.30	09930	OOT	0		0	0	0	99.30
99.40	09940	OSP	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	37,847,577	0	37,847,577	0	37,847,577	200.00
201.00		Less Observation Beds	2,252,551		2,252,551		2,252,551	201.00
202.00		Total (see instructions)	35,595,026	0	35,595,026	0	35,595,026	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,489,751		5,489,751		30.00
31.00	03100	INTENSIVE CARE UNIT	346,960		346,960		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	538,634		538,634		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,339,606	7,438,319	8,777,925	0.633736	50.00
51.00	05100	RECOVERY ROOM	159,481	635,826	795,307	0.656530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	680,404	5,267	685,671	0.623569	52.00
53.00	05300	ANESTHESIOLOGY	454,140	1,928,864	2,383,004	0.054767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,721,995	23,934,448	25,656,443	0.176008	54.00
55.00	03480	ONCOLOGY	0	5,183,282	5,183,282	0.265160	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	2,052,042	11,502,161	13,554,203	0.222724	60.00
64.00	06400	INTRAVENOUS THERAPY	977,330	2,281,106	3,258,436	0.031623	64.00
65.00	06500	RESPIRATORY THERAPY	589,366	1,176,327	1,765,693	0.498633	65.00
66.00	06600	PHYSICAL THERAPY	211,186	91,663	302,849	1.168549	66.00
66.01	06601	O/P PHYSICAL THERAPY	92	888,184	888,276	0.633784	66.01
69.00	06900	ELECTROCARDIOLOGY	0	45,334	45,334	1.131204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,852,562	4,684,983	6,537,545	0.255026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	511,231	2,388,616	2,899,847	0.273036	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,699,206	8,293,764	11,992,970	0.188590	73.00
76.00	03020	CLINICAL NUTRITION	3,075	42,879	45,954	2.102755	76.00
76.01	03950	SLEEP LAB	0	253,286	253,286	0.623659	76.01
76.97	07697	CARDIAC REHABILITATION	0	312,274	312,274	1.102621	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	1,502	91,504	93,006	0.454100	90.00
91.00	09100	EMERGENCY	699,306	18,289,383	18,988,689	0.216909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	130,017	1,317,990	1,448,007	1.555622	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	21,457,886	90,785,460	112,243,346		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	21,457,886	90,785,460	112,243,346		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/29/2019 5:14 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03480	ONCOLOGY	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000		66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020	CLINICAL NUTRITION	0.000000		76.00
76.01	03950	SLEEP LAB	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part II Date/Time Prepared: 1/29/2019 5:14 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital Cost								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,210,325	8,777,925	0.137883	326,672	45,043	50.00
51.00	05100	RECOVERY ROOM	176,713	795,307	0.222195	39,008	8,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,156	685,671	0.105234	1,825	192	52.00
53.00	05300	ANESTHESIOLOGY	40,956	2,383,004	0.017187	101,514	1,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	927,268	25,656,443	0.036142	612,981	22,154	54.00
55.00	03480	ONCOLOGY	150,328	5,183,282	0.029002	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	376,192	13,554,203	0.027755	664,323	18,438	60.00
64.00	06400	INTRAVENOUS THERAPY	12,419	3,258,436	0.003811	260,895	994	64.00
65.00	06500	RESPIRATORY THERAPY	97,866	1,765,693	0.055426	359,575	19,930	65.00
66.00	06600	PHYSICAL THERAPY	107,974	302,849	0.356528	150,266	53,574	66.00
66.01	06601	O/P PHYSICAL THERAPY	68,599	888,276	0.077227	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	23,941	45,334	0.528103	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	252,322	6,537,545	0.038596	614,693	23,725	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,791	2,899,847	0.028550	178,617	5,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	258,903	11,992,970	0.021588	1,514,881	32,703	73.00
76.00	03020	CLINICAL NUTRITION	34,156	45,954	0.743265	1,200	892	76.00
76.01	03950	SLEEP LAB	65,404	253,286	0.258222	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	108,517	312,274	0.347506	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	13,772	93,006	0.148076	1,502	222	90.00
91.00	09100	EMERGENCY	595,968	18,988,689	0.031385	21,039	660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	501,028	1,448,007	0.346012	8,728	3,020	92.00
200.00		Total (lines 50 through 199)	5,177,598	105,868,001		4,857,719	237,059	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/29/2019 5:14 pm
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Cost Center Description	Title XVIII					Hospital		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	Cost		
	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	
55.00 03480 ONCOLOGY	0	0	0	0	0	0	55.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	0	0	0	66.01	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
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	
76.00 03020 CLINICAL NUTRITION	0	0	0	0	0	0	76.00	
76.01 03950 SLEEP LAB	0	0	0	0	0	0	76.01	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	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: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/29/2019 5:14 pm
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Cost Center Description		Title XVIII			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,777,925	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	795,307	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	685,671	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,383,004	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	25,656,443	0.000000	54.00
55.00	03480	ONCOLOGY	0	0	0	5,183,282	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	13,554,203	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,258,436	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,765,693	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	302,849	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	888,276	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,334	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,537,545	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,899,847	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,992,970	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	45,954	0.000000	76.00
76.01	03950	SLEEP LAB	0	0	0	253,286	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	312,274	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	93,006	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	18,988,689	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,448,007	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	105,868,001		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1340

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

Worksheet D
Part IV
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	326,672	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	39,008	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,825	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	101,514	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	612,981	0	0	0	54.00
55.00	03480	ONCOLOGY	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	664,323	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	260,895	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	359,575	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	150,266	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	614,693	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	178,617	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,514,881	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0.000000	1,200	0	0	0	76.00
76.01	03950	SLEEP LAB	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	1,502	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	21,039	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,728	0	0	0	92.00
200.00		Total (lines 50 through 199)		4,857,719	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/29/2019 5:14 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.633736	0	2,205,223	0	0	50.00
51.00	05100 RECOVERY ROOM	0.656530	0	135,580	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.623569	0	5,025	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054767	0	472,764	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176008	0	8,580,132	0	0	54.00
55.00	03480 ONCOLOGY	0.265160	0	3,367,625	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.222724	0	4,567,011	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.031623	0	694,983	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.498633	0	531,842	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1.168549	0	58,664	0	0	66.00
66.01	06601 O/P PHYSICAL THERAPY	0.633784	0	308,126	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	1.131204	0	18,660	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.255026	0	1,167,020	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.273036	0	513,184	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188590	0	2,775,370	8,545	0	73.00
76.00	03020 CLINICAL NUTRITION	2.102755	0	14,268	0	0	76.00
76.01	03950 SLEEP LAB	0.623659	0	118,262	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.102621	0	150,731	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.454100	0	53,095	0	0	90.00
91.00	09100 EMERGENCY	0.216909	0	5,253,365	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.555622	0	642,445	0	0	92.00
200.00	Subtotal (see instructions)		0	31,633,375	8,545	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (Line 200 - Line 201)		0	31,633,375	8,545	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/29/2019 5:14 pm
	Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,397,529	0		50.00
51.00 05100 RECOVERY ROOM	89,012	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,133	0		52.00
53.00 05300 ANESTHESIOLOGY	25,892	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,510,172	0		54.00
55.00 03480 ONCOLOGY	892,959	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,017,183	0		60.00
64.00 06400 INTRAVENOUS THERAPY	21,977	0		64.00
65.00 06500 RESPIRATORY THERAPY	265,194	0		65.00
66.00 06600 PHYSICAL THERAPY	68,552	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	195,285	0		66.01
69.00 06900 ELECTROCARDIOLOGY	21,108	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	297,620	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	140,118	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	523,407	1,612		73.00
76.00 03020 CLINICAL NUTRITION	30,002	0		76.00
76.01 03950 SLEEP LAB	73,755	0		76.01
76.97 07697 CARDIAC REHABILITATION	166,199	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	24,110	0		90.00
91.00 09100 EMERGENCY	1,139,502	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	999,402	0		92.00
200.00 Subtotal (see instructions)	8,902,111	1,612		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	8,902,111	1,612		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/29/2019 5:14 pm
Cost Center Description		Title XVIII	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,519 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,519 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)			1,714 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)			874 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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			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)			7,048,671 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)			7,048,671 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)			7,048,671 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)			2,798.20 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,445,627 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)			2,445,627 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/29/2019 5:14 pm		
Cost Center Description			Title XVIII		Hospital	Cost	
	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	567,797	83	6,840.93	32	218,910	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)					1,370,891	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,035,428	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					805	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,798.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,252,551	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1340		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/29/2019 5:14 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,567,815	7,048,671	0.222427	2,252,551	501,028	90.00
91.00	Nursing School cost	0	7,048,671	0.000000	2,252,551	0	91.00
92.00	Allied health cost	0	7,048,671	0.000000	2,252,551	0	92.00
93.00	All other Medical Education	0	7,048,671	0.000000	2,252,551	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/29/2019 5:14 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,669,435	30.00
31.00	03100	INTENSIVE CARE UNIT		119,686	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.633736	326,672	50.00
51.00	05100	RECOVERY ROOM	0.656530	39,008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.623569	1,825	52.00
53.00	05300	ANESTHESIOLOGY	0.054767	101,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176008	612,981	54.00
55.00	03480	ONCOLOGY	0.265160	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.222724	664,323	60.00
64.00	06400	INTRAVENOUS THERAPY	0.031623	260,895	64.00
65.00	06500	RESPIRATORY THERAPY	0.498633	359,575	65.00
66.00	06600	PHYSICAL THERAPY	1.168549	150,266	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.633784	0	66.01
69.00	06900	ELECTROCARDIOLOGY	1.131204	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.255026	614,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.273036	178,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188590	1,514,881	73.00
76.00	03020	CLINICAL NUTRITION	2.102755	1,200	76.00
76.01	03950	SLEEP LAB	0.623659	0	76.01
76.97	07697	CARDIAC REHABILITATION	1.102621	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.454100	1,502	90.00
91.00	09100	EMERGENCY	0.216909	21,039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.555622	8,728	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,857,719	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,857,719	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part B Date/Time Prepared: 1/29/2019 5:14 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,903,723	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	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)		8,903,723	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		8,992,760	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		28,978	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,562,126	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)		3,401,656	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)		3,401,656	30.00
31.00	Primary payer payments		1,203	31.00
32.00	Subtotal (line 30 minus line 31)		3,400,453	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)		903,533	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		587,296	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		626,753	36.00
37.00	Subtotal (see instructions)		3,987,749	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,987,749	40.00
40.01	Sequestration adjustment (see instructions)		79,755	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,462,767	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-554,773	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		79,755	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: 14-1340

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

Worksheet E-1
Part I
Date/Time Prepared:
1/29/2019 5:14 pm

		Title XVIII		Hospital		Cost	
		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		3,239,699		4,162,114	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		25,328		304,558	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	03/15/2018	243,770		0	3.01	
3.02		08/22/2018	366,648	08/22/2018	357,336	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	03/15/2018	361,241	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)		610,418		-3,905	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)		3,875,445		4,462,767	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		172,759		554,773	6.02	
7.00	Total Medicare program liability (see instructions)		3,702,686		3,907,994	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: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet E-1 Part II Date/Time Prepared: 1/29/2019 5:14 pm
		Title XVIII	Hospital	Cost
				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: 14-1340	Period: From 09/01/2017 To 08/31/2018	Worksheet E-3 Part V Date/Time Prepared: 1/29/2019 5:14 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			4,035,428 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			4,035,428 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			4,075,782 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			4,075,782 19.00
20.00	Deductibles (exclude professional component)			331,740 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			3,744,042 22.00
23.00	Coinsurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			3,744,042 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			52,629 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			34,209 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			37,576 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			3,778,251 28.00
29.00	SEQUESTRATION ADJUSTMENT			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Demonstration payment adjustment amount before sequestration			0 29.99
30.00	Subtotal (see instructions)			3,778,251 30.00
30.01	Sequestration adjustment (see instructions)			75,565 30.01
30.02	Demonstration payment adjustment amount after sequestration			0 30.02
31.00	Interim payments			3,875,445 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)			-172,759 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			75,565 34.00

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

Provider CCN: 14-1340

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

Worksheet G

Date/Time Prepared:
1/29/2019 5:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,043,051	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,378,816	0	0	0	4.00
5.00	Other receivable	169,891	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	970,297	0	0	0	7.00
8.00	Prepaid expenses	2,081	0	0	0	8.00
9.00	Other current assets	1,143,534	0	0	0	9.00
10.00	Due from other funds	-115,044	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	13,592,626	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,560,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	19,125,867	0	0	0	15.00
16.00	Accumulated depreciation	-4,814,408	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	4,979,965	0	0	0	23.00
24.00	Accumulated depreciation	-2,920,528	0	0	0	24.00
25.00	Minor equipment depreciable	687	0	0	0	25.00
26.00	Accumulated depreciation	-687	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)	17,930,896	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	28,791,877	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	227,473	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	29,019,350	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	60,542,872	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	484,632	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,335,418	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,930,938	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,750,988	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,043,888	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,043,888	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,794,876	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	53,747,996				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	53,747,996	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	60,542,872	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1340

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

Worksheet G-1

Date/Time Prepared:
1/29/2019 5:14 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		71,000,094		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,058,857			2.00
3.00	Total (sum of line 1 and line 2)		78,058,951		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		78,058,951		0	11.00
12.00	IC SETTLEMENT	24,310,955		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		24,310,955		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		53,747,996		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	IC SETTLEMENT		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-1340

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2019 5:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,028,385		6,028,385	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	6,028,385		6,028,385	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	346,960		346,960	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)	346,960		346,960	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	6,375,345		6,375,345	17.00
18.00	Ancillary services	14,251,715	71,086,584	85,338,299	18.00
19.00	Outpatient services	830,825	19,698,877	20,529,702	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES / OTHER	479,124	4,444,154	4,923,278	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	21,937,009	95,229,615	117,166,624	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		43,494,156		29.00
30.00	ROUNDING	4			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)		4		36.00
37.00	ROUNDING	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		43,494,160		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-1340

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

Worksheet G-3

Date/Time Prepared:
1/29/2019 5:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	117,166,624	1.00
2.00	Less contractual allowances and discounts on patients' accounts	66,969,503	2.00
3.00	Net patient revenues (line 1 minus line 2)	50,197,121	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	43,494,160	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,702,961	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	76,699	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	260,909	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	18,289	24.00
24.01	MISCELLANEOUS	0	24.01
24.02	OTHER MISC INCOME	0	24.02
24.03	ROUNDING	0	24.03
25.00	Total other income (sum of lines 6-24)	355,897	25.00
26.00	Total (line 5 plus line 25)	7,058,858	26.00
27.00	ROUNDING	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,058,857	29.00