

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: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/28/2019 3:46 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 5/28/2019	Time: 3:46 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 (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE SHERMAN HOSPITAL (14-0030) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE

Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-20,494	28,132	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-20,494	28,132	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:46 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1425 NORTH RANDALL ROAD			PO Box:				1.00	
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVOCATE SHERMAN HOSPITAL	140030	20994	1	07/01/1966	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	Y	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,685	1,147	0	0	6,888	410

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0030

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural Status	Date of Geographic Classification	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
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		
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.							
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.							
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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 1.00	XIX 2.00
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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. I? 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?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
			Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	373,224	75,000	2,391,501	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		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 3:46 pm				
1.00		2.00		3.00								
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.												
141.00	Name: ADVOCATE HEALTH CARE		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00					
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600		PO Box:				142.00					
143.00	City: DOWNERS GROVE		State: IL		Zip Code: 60515		143.00					
								1.00				
144.00 Are provider based physicians' costs included in Worksheet A?								Y		144.00		
								1.00				
								2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00				
								1.00				
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N		147.00		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N		148.00		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N		149.00		
				Part A		Part B		Title V		Title XIX		
				1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)												
155.00	Hospital			N		N		N		N	155.00	
156.00	Subprovider - IPF			N		N		N		N	156.00	
157.00	Subprovider - IRF			N		N		N		N	157.00	
158.00	SUBPROVIDER										158.00	
159.00	SNF			N		N		N		N	159.00	
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00	
161.00	CMHC			N		N		N		N	161.00	
								1.00				
Multicampus												
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00		
		Name		County		State		Zip Code		CBSA	FTE/Campus	
		0		1.00		2.00		3.00		4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)										0.00	166.00
								1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act												
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00		
								Beginning		Ending		
								1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								01/01/2018	12/31/2018	170.00	
								1.00		2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 3:46 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/27/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 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 1.00	Date 2.00	Y/N 3.00
				Date 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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0030

Period:
From 01/01/2018
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Part II
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5/28/2019 3:46 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 relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
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.	JENNIFER	HANES		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)929-5767	JENNIFER.HANES@ADVOCATEHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
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		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.	SR. REIMB. SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,125	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,075	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255			0	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: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
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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)	21,085	1,057	48,177			1.00
2.00	HMO and other (see instructions)	5,326	5,839				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	21,085	1,057	48,177			7.00
8.00	INTENSIVE CARE UNIT	2,327	151	5,705			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		3,173	6,715			13.00
14.00	Total (see instructions)	23,412	4,381	60,597	0.00	1,347.59	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,347.59	27.00
28.00	Observation Bed Days		270	7,636			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	410	833			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: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,096	1,196	16,813	1.00
2.00 HMO and other (see instructions)			1,192	2,351		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,096	1,196	16,813	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	102,002,829	0	102,002,829	2,803,008.00	36.39
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		484,133	4,992	489,125	21,965.00	22.27
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		775,899	0	775,899	8,613.84	90.08
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		158,524	0	158,524	1,245.25	127.30
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		10,842,397	0	10,842,397	173,921.00	62.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,492,353	0	24,492,353		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		151,305	0	151,305		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,037,081	0	2,037,081		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,284,895	-1,038,498	246,397	6,698.00	36.79
27.00	Administrative & General	5.00	6,633,556	68,398	6,701,954	169,478.00	39.54
28.00	Administrative & General under contract (see inst.)		992,137	0	992,137	5,975.52	166.03

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
29.00	Maintenance & Repairs	6.00	0	1,190,933	1,190,933	41,032.00	29.02
30.00	Operation of Plant	7.00	2,184,716	-1,168,407	1,016,309	32,538.00	31.23
31.00	Laundry & Linen Service	8.00	13,410	138	13,548	874.00	15.50
32.00	Housekeeping	9.00	2,297,851	23,693	2,321,544	133,016.00	17.45
33.00	Housekeeping under contract (see instructions)		1,360	0	1,360	34.00	40.00
34.00	Dietary	10.00	2,472,352	-1,067,461	1,404,891	52,939.00	26.54
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,092,953	1,092,953	68,409.00	15.98
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,326,190	13,674	1,339,864	27,830.00	48.14
39.00	Central Services and Supply	14.00	1,280,975	-603,496	677,479	30,222.00	22.42
40.00	Pharmacy	15.00	3,606,853	37,190	3,644,043	77,771.00	46.86
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00
42.00	Social Service	17.00	1,752,099	18,066	1,770,165	35,318.00	50.12
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 3:46 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	102,996,326	0	102,996,326	2,809,017.52	36.67	1.00
2.00	Excluded area salaries (see instructions)	484,133	4,992	489,125	21,965.00	22.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	102,512,193	-4,992	102,507,201	2,787,052.52	36.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,776,820	0	11,776,820	183,780.09	64.08	4.00
5.00	Subtotal wage-related costs (see inst.)	26,529,434	0	26,529,434	0.00	25.88	5.00
6.00	Total (sum of lines 3 thru 5)	140,818,447	-4,992	140,813,455	2,970,832.61	47.40	6.00
7.00	Total overhead cost (see instructions)	23,846,394	-1,432,817	22,413,577	682,134.52	32.86	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2019 3:46 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,177,378	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,078,300	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		105,249	6.00
7.00	Employee Managed Care Program Administration Fees		1,044,948	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		7,059,889	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,252,252	9.00
10.00	Dental, Hearing and Vision Plan		329,717	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		99,536	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		697,876	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		675,989	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,318,813	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-64,488	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		225,826	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		642,373	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,643,658	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part V
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	775,899	24,643,658	1.00
2.00	Hospital	775,899	24,492,353	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	151,305	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0030

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

Worksheet S-10

Date/Time Prepared:
5/28/2019 3:46 pm

				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)		0.203347		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,982,606		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		94,356		5.00
6.00	Medicaid charges		181,623,233		6.00
7.00	Medicaid cost (line 1 times line 6)		36,932,540		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)		8,855,578		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		775,391		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,855,578		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)	22,896,818	2,830,328	25,727,146	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,655,999	2,830,328	7,486,327	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,655,999	2,830,328	7,486,327	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)		22,778,302		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		906,732		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,394,973		27.01
28.00	Non-Medicare bad debt expense (see instructions)		21,383,329		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,836,477		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,322,804		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,178,382		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

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

Worksheet A

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (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	CAP REL COSTS-BLDG & FIXT		9,747,153	9,747,153	9,426,459	19,173,612 1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	10,800,218	10,800,218 2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,284,895	17,987,859	19,272,754	-1,038,498	18,234,256 4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,304	9,826,090	9,827,394	-4,526	9,822,868 5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	6,632,252	48,178,933	54,811,185	-2,868,991	51,942,194 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,524,468	3,524,468 6.00
7.00	00700	OPERATION OF PLANT	2,184,716	10,283,430	12,468,146	-3,580,542	8,887,604 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,410	939,993	953,403	-489	952,914 8.00
9.00	00900	HOUSEKEEPING	2,297,851	1,019,801	3,317,652	-99,939	3,217,713 9.00
10.00	01000	DIETARY	2,472,352	1,634,561	4,106,913	-1,902,989	2,203,924 10.00
11.00	01100	CAFETERIA	0	0	0	1,806,043	1,806,043 11.00
13.00	01300	NURSING ADMINISTRATION	1,326,190	1,824,397	3,150,587	-281,440	2,869,147 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,280,975	2,532,276	3,813,251	-2,697,731	1,115,520 14.00
15.00	01500	PHARMACY	3,606,853	19,318,679	22,925,532	-16,055,274	6,870,258 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84,658	84,658	0	84,658 16.00
17.00	01700	SOCIAL SERVICE	1,752,099	160,863	1,912,962	18,066	1,931,028 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,322,873	4,915,541	29,238,414	-812,225	28,426,189 30.00
31.00	03100	INTENSIVE CARE UNIT	4,921,984	2,165,566	7,087,550	-163,042	6,924,508 31.00
43.00	04300	NURSERY	2,133,256	723,097	2,856,353	-35,717	2,820,636 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,795,183	23,331,043	29,126,226	-15,972,556	13,153,670 50.00
51.00	05100	RECOVERY ROOM	4,141,938	719,570	4,861,508	-83,765	4,777,743 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,573,295	2,241,578	6,814,873	-198,006	6,616,867 52.00
53.00	05300	ANESTHESIOLOGY	160,477	1,194,946	1,355,423	-212,763	1,142,660 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,678,313	6,703,888	13,382,201	-3,455,863	9,926,338 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	554,615	1,446,301	2,000,916	-751,902	1,249,014 55.00
57.00	05700	CT SCAN	1,050,495	684,426	1,734,921	-523,184	1,211,737 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	415,634	261,092	676,726	-195,740	480,986 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,103,098	5,019,947	6,123,045	-4,276,316	1,846,729 59.00
60.00	06000	LABORATORY	3,977,735	7,921,023	11,898,758	-1,817,727	10,081,031 60.00
64.00	06400	INTRAVENOUS THERAPY	1,434,671	869,525	2,304,196	575,272	2,879,468 64.00
65.00	06500	RESPIRATORY THERAPY	1,828,886	592,316	2,421,202	-325,678	2,095,524 65.00
66.00	06600	PHYSICAL THERAPY	3,250,632	685,277	3,935,909	19,138	3,955,047 66.00
67.00	06700	OCCUPATIONAL THERAPY	600,208	48,806	649,014	4,519	653,533 67.00
68.00	06800	SPEECH PATHOLOGY	156,925	13,563	170,488	923	171,411 68.00
69.00	06900	ELECTROCARDIOLOGY	2,080,459	5,198,292	7,278,751	-4,364,333	2,914,418 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	404,478	201,910	606,388	-46,806	559,582 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,012,678	13,012,678 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,888,134	15,888,134 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,945,165	15,945,165 73.00
74.00	07400	RENAL DIALYSIS	0	634,029	634,029	0	634,029 74.00
76.00	03950	WOUND CARE CENTER	498,141	259,251	757,392	-15,745	741,647 76.00
76.01	03951	DIABETIC CENTER	223,223	30,071	253,294	2,302	255,596 76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	283,039	195,332	478,371	-7,245	471,126 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	7,701,504	5,701,957	13,403,461	186,631	13,590,092 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
93.00	04950	ANTICOAGULATION CLINIC	374,737	93,423	468,160	3,864	472,024 93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		9,426,459	9,426,459	-9,426,459	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101,518,696	204,816,922	306,335,618	-1,611	306,334,007 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	238,412	302,296	540,708	-88	540,620 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	ACLS	65,547	59,530	125,077	676	125,753 194.00
194.01	07951	PHYSICIAN REFERRAL	180,174	155,654	335,828	1,023	336,851 194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	102,002,829	205,334,402	307,337,231	0	307,337,231 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

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

Worksheet A

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,317,544	15,856,068	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,317,319	13,117,537	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,831,370	22,065,626	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-838,226	8,984,642	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-15,605,787	36,336,407	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,524,468	6.00
7.00	00700	OPERATION OF PLANT	-55,376	8,832,228	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	952,914	8.00
9.00	00900	HOUSEKEEPING	0	3,217,713	9.00
10.00	01000	DIETARY	-26,034	2,177,890	10.00
11.00	01100	CAFETERIA	-619,585	1,186,458	11.00
13.00	01300	NURSING ADMINISTRATION	-648,353	2,220,794	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-38	1,115,482	14.00
15.00	01500	PHARMACY	-3,235	6,867,023	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84,658	16.00
17.00	01700	SOCIAL SERVICE	-23,655	1,907,373	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,536,529	26,889,660	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,924,508	31.00
43.00	04300	NURSERY	-409,036	2,411,600	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-919,768	12,233,902	50.00
51.00	05100	RECOVERY ROOM	0	4,777,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,020,610	5,596,257	52.00
53.00	05300	ANESTHESIOLOGY	-762,450	380,210	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-771,670	9,154,668	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-28,797	1,220,217	55.00
57.00	05700	CT SCAN	-5,924	1,205,813	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	480,986	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,846,729	59.00
60.00	06000	LABORATORY	-1,186,291	8,894,740	60.00
64.00	06400	INTRAVENOUS THERAPY	-1,011	2,878,457	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,095,524	65.00
66.00	06600	PHYSICAL THERAPY	-62,045	3,893,002	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	653,533	67.00
68.00	06800	SPEECH PATHOLOGY	0	171,411	68.00
69.00	06900	ELECTROCARDIOLOGY	-69,984	2,844,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	559,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,012,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,888,134	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,945,165	73.00
74.00	07400	RENAL DIALYSIS	0	634,029	74.00
76.00	03950	WOUND CARE CENTER	-46,656	694,991	76.00
76.01	03951	DIABETIC CENTER	-1,377	254,219	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	-1,071	470,055	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-1,643,938	11,946,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	472,024	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,456,301	282,877,706	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-42,575	498,045	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	125,753	194.00
194.01	07951	PHYSICIAN REFERRAL	-5,544	331,307	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,504,420	283,832,811	200.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

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Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,012,678		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	34,574		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
0			0	13,047,252		
	B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,945,165		1.00
0			0	15,945,165		
	C - IMPLANTABLE DEVICES CHARGED TO PATS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,888,134		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
0			0	15,888,134		
	D - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	1,178,779	2,333,535		1.00
0			1,178,779	2,333,535		
	E - STERILE PROCESSING					
1.00	OPERATING ROOM	50.00	232,525	605,584		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	45,165	117,625		2.00
3.00	ELECTROCARDIOLOGY	69.00	68,902	179,446		3.00
4.00	CARDIAC CATHETERIZATION	59.00	99,864	260,083		4.00
5.00	EMERGENCY	91.00	163,954	426,997		5.00
0			610,410	1,589,735		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	1,078,582	713,090		1.00
0			1,078,582	713,090		
	G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,426,459		1.00
0			0	9,426,459		
	H - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,800,218		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

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	10,800,218		
	I - PTO/BONUS/INCENTIVE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,248	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	13	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	68,385	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	12,154	0		4.00
5.00	OPERATION OF PLANT	7.00	10,372	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	138	0		6.00
7.00	HOUSEKEEPING	9.00	23,693	0		7.00
8.00	DIETARY	10.00	11,121	0		8.00
9.00	CAFETERIA	11.00	14,371	0		9.00
10.00	NURSING ADMINISTRATION	13.00	13,674	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	6,914	0		11.00
12.00	PHARMACY	15.00	37,190	0		12.00
13.00	SOCIAL SERVICE	17.00	18,066	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	250,792	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	50,750	0		15.00
16.00	NURSERY	43.00	21,996	0		16.00
17.00	OPERATING ROOM	50.00	62,151	0		17.00
18.00	RECOVERY ROOM	51.00	42,707	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	47,621	0		19.00
20.00	ANESTHESIOLOGY	53.00	1,655	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	68,860	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	5,719	0		22.00
23.00	CT SCAN	57.00	10,832	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,286	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	12,404	0		25.00
26.00	LABORATORY	60.00	41,014	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	14,793	0		27.00
28.00	RESPIRATORY THERAPY	65.00	18,858	0		28.00
29.00	PHYSICAL THERAPY	66.00	33,517	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	6,189	0		30.00
31.00	SPEECH PATHOLOGY	68.00	1,618	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	22,162	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	4,171	0		33.00
34.00	WOUND CARE CENTER	76.00	5,136	0		34.00
35.00	DIABETIC CENTER	76.01	2,302	0		35.00
36.00	CARDIAC REHABILITATION	76.97	2,918	0		36.00
37.00	EMERGENCY	91.00	81,100	0		37.00
38.00	ANTICOAGULATION CLINIC	93.00	3,864	0		38.00
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	2,458	0		39.00
40.00	ACLS	194.00	676	0		40.00
41.00	PHYSICIAN REFERRAL	194.01	1,858	0		41.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0		1,051,746	0		
J - RECLASS OP PROCEDURE COSTS					
1.00	INTRAVENOUS THERAPY	64.00	607,391	122,751	1.00
	TOTALS		607,391	122,751	
500.00	Grand Total: Increases		4,526,908	69,866,339	500.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						5/28/2019 3:46 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BILLABLE MEDICAL SUPPLIES						
1.00	OPERATION OF PLANT	7.00	0	8,733	0		1.00
2.00	DIETARY	10.00	0	197	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	5,907	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	346,236	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	207,120	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	151,810	0		6.00
7.00	NURSERY	43.00	0	24,415	0		7.00
8.00	OPERATING ROOM	50.00	0	4,699,804	0		8.00
9.00	RECOVERY ROOM	51.00	0	81,059	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	280,539	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	213,377	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,763,570	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,491	0		13.00
14.00	CT SCAN	57.00	0	241,943	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	141,931	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,396,360	0		16.00
17.00	LABORATORY	60.00	0	886,274	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	148,170	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	262,831	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	321	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	1,670	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	1,817,677	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,696	0		23.00
24.00	WOUND CARE CENTER	76.00	0	1,593	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	468	0		25.00
26.00	EMERGENCY	91.00	0	327,060	0		26.00
	0		0	13,047,252			
	B - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	15,945,165	0		1.00
	0		0	15,945,165			
	C - IMPLANTABLE DEVICES CHARGED TO PATS						
1.00	NURSING ADMINISTRATION	13.00	0	173	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,080	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	70	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,323	0		4.00
5.00	OPERATING ROOM	50.00	0	10,358,221	0		5.00
6.00	RECOVERY ROOM	51.00	0	155	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,124	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	574	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	439,883	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	64	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	2,610,234	0		11.00
12.00	LABORATORY	60.00	0	198,828	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	80	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	842	0		14.00
15.00	SPEECH PATHOLOGY	68.00	0	695	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,229,038	0		16.00
17.00	WOUND CARE CENTER	76.00	0	12,185	0		17.00
18.00	EMERGENCY	91.00	0	5,565	0		18.00
	0		0	15,888,134			
	D - MAINTENANCE & REPAIRS						
1.00	OPERATION OF PLANT	7.00	1,178,779	2,333,535	0		1.00
	0		1,178,779	2,333,535			
	E - STERILE PROCESSING						
1.00	CENTRAL SERVICES & SUPPLY	14.00	610,410	1,589,735	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
	0		610,410	1,589,735			
	F - CAFETERIA						
1.00	DIETARY	10.00	1,078,582	713,090	0		1.00
	0		1,078,582	713,090			
	G - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	9,426,459	11		1.00
	0		0	9,426,459			
	H - DEPRECIATION						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	4,539	9		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	2,971,950	0		2.00
3.00	OPERATION OF PLANT	7.00	0	69,867	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	627	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 3:46 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
5.00	HOUSEKEEPING	9.00	0	123,632	0		5.00	
6.00	DIETARY	10.00	0	122,241	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	289,034	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	131,184	0		8.00	
9.00	PHARMACY	15.00	0	147,299	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	125,685	0		10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	60,659	0		11.00	
12.00	NURSERY	43.00	0	33,298	0		12.00	
13.00	OPERATING ROOM	50.00	0	1,814,791	0		13.00	
14.00	RECOVERY ROOM	51.00	0	45,258	0		14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	124,754	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	467	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,321,270	0		17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	740,066	0		18.00	
19.00	CT SCAN	57.00	0	292,073	0		19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	58,095	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	642,073	0		21.00	
22.00	LABORATORY	60.00	0	773,639	0		22.00	
23.00	INTRAVENOUS THERAPY	64.00	0	21,413	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	80,863	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	14,058	0		25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	588,128	0		26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,281	0		27.00	
28.00	WOUND CARE CENTER	76.00	0	7,103	0		28.00	
29.00	CARDIAC REHABILITATION	76.97	0	9,695	0		29.00	
30.00	EMERGENCY	91.00	0	152,795	0		30.00	
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,546	0		31.00	
32.00	PHYSICIAN REFERRAL	194.01	0	835	0		32.00	
			0	10,800,218				
I - PTO/BONUS/INCENTIVE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,051,746	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
35.00		0.00	0	0	0		35.00	
36.00		0.00	0	0	0		36.00	
37.00		0.00	0	0	0		37.00	
38.00		0.00	0	0	0		38.00	
39.00		0.00	0	0	0		39.00	
40.00		0.00	0	0	0		40.00	
41.00		0.00	0	0	0		41.00	
			1,051,746	0				

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 3:46 pm

	Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	J - RECLASS OP PROCEDURE COSTS					
1.00	ADULTS & PEDIATRICS	30.00	607,391	122,751	0	1.00
	TOTALS		607,391	122,751		
500.00	Grand Total: Decreases		4,526,908	69,866,339		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,720,000	0	0	0	0	1.00	
2.00	Land Improvements	6,468,207	573,180	0	573,180	0	2.00	
3.00	Buildings and Fixtures	219,751,123	7,495,728	0	7,495,728	951,908	3.00	
4.00	Building Improvements	3,773,694	0	0	0	15,699	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	77,209,406	13,494,800	0	13,494,800	1,583,675	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	315,922,430	21,563,708	0	21,563,708	2,551,282	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	315,922,430	21,563,708	0	21,563,708	2,551,282	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,720,000	0				1.00	
2.00	Land Improvements	7,041,387	0				2.00	
3.00	Buildings and Fixtures	226,294,943	23,996				3.00	
4.00	Building Improvements	3,757,995	21,372				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	89,120,531	20,147,873				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	334,934,856	20,193,241				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	334,934,856	20,193,241				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	9,747,153	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,747,153	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	9,747,153				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,747,153				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet A-7
Part III
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	237,094,325	0	237,094,325	0.726804	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	89,120,531	0	89,120,531	0.273196	0	2.00
3.00	Total (sum of lines 1-2)	326,214,856	0	326,214,856	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,950,968	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,366,813	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,317,781	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,315,444	0	0	589,656	15,856,068	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,750,724	13,117,537	2.00
3.00	Total (sum of lines 1-2)	4,315,444	0	0	2,340,380	28,973,605	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 3:46 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		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,111,015	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-44,000	ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-54,000	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	-7,553,756			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	8,109,702			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-619,585	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)	B	-540,142	ADMINISTRATIVE AND GENERAL	5.06	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,203,815	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	566,595	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-489,611	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-13,700,769	ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	ANSWERING SERVICE INCOME		0		0.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			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		
33.02	BILLING SERVICE INCOME	B	-838,226	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.02
33.03	MANAGEMENT SERVICE INCOME	B	-981,084	ADMINISTRATIVE AND GENERAL	5.06	0 33.03
33.04	LAB SERVICE INCOME	B	-840,107	LABORATORY	60.00	0 33.04
33.05	MISC OPERATION OF PLANT	B	-1,095	OPERATION OF PLANT	7.00	0 33.05
33.06	MISC A&G INCOME	B	-33,020	ADMINISTRATIVE AND GENERAL	5.06	0 33.06
33.09	MISC DIETARY INCOME	B	-26,034	DIETARY	10.00	0 33.09
33.10	MISC OPERATING ROOM	B	-68,115	OPERATING ROOM	50.00	0 33.10
33.11	MISC NURSING ADMIN INCOME	B	0	NURSING ADMINISTRATION	13.00	0 33.11
33.12	MISC PHARMACY INCOME	B	-3,235	PHARMACY	15.00	0 33.12
33.13	MISC ADULT & Peds INCOME	B	-21,405	ADULTS & PEDIATRICS	30.00	0 33.13
33.15	MISC RADIOLOGY INCOME	B	-6,901	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	MISC LAB REVENUE	B	-67,909	LABORATORY	60.00	0 33.16
33.17	MISC RAD ONCOLOGY REVENUE	B	0	INTRAVENOUS THERAPY	64.00	0 33.17
33.18	MISC PT REVENUE	B	-755	PHYSICAL THERAPY	66.00	0 33.18
33.19	MISC PARAMED EDUCATION REVENUE	B	-57,939	EMERGENCY	91.00	0 33.19
33.20	MISC EDUCATION INCOME	B	-3,700	ADMINISTRATIVE AND GENERAL	5.06	0 33.20
33.21	MISC CARDIAC REHAB REVENUE	B	-1,069	CARDIAC REHABILITATION	76.97	0 33.21
33.22	MISC ER REVENUE	B	-64,156	EMERGENCY	91.00	0 33.22
33.23	MISC DIABETES REVENUE	B	-55	DIABETIC CENTER	76.01	0 33.23
33.26	MISC EMPLOYEE BENEFIT REVENUE	B	61,200	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.26
34.00	MISC NON-ALLOW EXP -CENTRAL SVC	A	-38	CENTRAL SERVICES & SUPPLY	14.00	0 34.00
34.01	MISC NON-ALLOW EXP - A&G	A	-2,210,804	ADMINISTRATIVE AND GENERAL	5.06	0 34.01
34.02	MISC NON-ALLOW EXP - OPERATING ROOM	A	-2,500	OPERATING ROOM	50.00	0 34.02
34.03	MISC NON-ALLOW EXP -NURSING ADMIN	A	-4,732	NURSING ADMINISTRATION	13.00	0 34.03
34.04	MISC NON-ALLOW EXP -OPERATION OF PLA	A	-281	OPERATION OF PLANT	7.00	0 34.04
34.05	MISC NON-ALLOW EXP - PT	A	-43	PHYSICAL THERAPY	66.00	0 34.05
34.06	MISC NON-ALLOW EXP -DIABETES CENTER	A	-1,322	DIABETIC CENTER	76.01	0 34.06
34.07	MISC NON-ALLOW EXP -ONCOLOGY	A	-46	INTRAVENOUS THERAPY	64.00	0 34.07
34.08	MISC NON-ALLOW EXP - SOCIAL SERVICE	A	-23,655	SOCIAL SERVICE	17.00	0 34.08
34.09	MISC NON-ALLOW EXP - ER	A	-26,507	EMERGENCY	91.00	0 34.09
34.10	MISC NON-ALLOW EXP - EDUCATION	A	-5,544	PHYSICIAN REFERRAL	194.01	0 34.10
34.11	MISC NON-ALLOW EXP -CARDIAC REHAB	A	-2	CARDIAC REHABILITATION	76.97	0 34.11
34.14	MISC NON-ALLOW EXP -GIFT	A	-42,575	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 34.14
34.15	MISC NON-ALLOW EXP -ACLS	A	0	ACLS	194.00	0 34.15
34.16	LOBBYING FEES	A	0	ADMINISTRATIVE AND GENERAL	5.06	0 34.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,504,420			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: 14-0030

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 3:46 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDING & FIXTURE	589,656	0
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,750,724	0
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	3,770,170	0
4.00		5.00	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	8,360,568	1,573,007
4.01		5.00	ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENER	6,302,635	11,091,044
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				20,773,753	12,664,051

* 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	
	1.00	2.00	3.00	Name	Percentage of Ownership
	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	G		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SOLE COPR BD MB				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: 14-0030

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 3:46 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	589,656	14		1.00
2.00	1,750,724	14		2.00
3.00	3,770,170	0		3.00
4.00	6,787,561	0		4.00
4.01	-4,788,409	0		4.01
5.00	8,109,702			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0030

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 3:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE AND GENERAL	91,420	91,420	0	211,500	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,025,513	1,025,513	0	211,500	0	2.00
3.00	43.00	AGGREGATE-NURSERY	409,036	409,036	0	211,500	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	849,153	849,153	0	246,400	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,020,610	1,020,610	0	237,100	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	762,450	762,450	0	239,400	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	764,769	764,769	0	271,900	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	28,797	28,797	0	271,900	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	5,924	5,924	0	271,900	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	278,275	278,275	0	260,300	0	10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	965	965	0	211,500	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	1,495,336	1,495,336	0	211,500	0	12.00
13.00	13.00	AGGREGATE-NURSING ADMINISTRATION	643,621	643,621	0	211,500	0	13.00
14.00	76.00	AGGREGATE-WOUND CARE CENTER	46,656	46,656	0	211,500	0	14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	69,984	69,984	0	211,500	0	15.00
16.00	66.00	AGGREGATE-PHYSICAL THERAPY	61,247	61,247	0	211,500	0	16.00
17.00	0.00	AGGREGATE-	0	0	0	0	0	17.00
18.00	0.00	AGGREGATE-	0	0	0	0	0	18.00
19.00	0.00	AGGREGATE-	0	0	0	0	0	19.00
20.00	0.00	AGGREGATE-	0	0	0	0	0	20.00
21.00	0.00	AGGREGATE-	0	0	0	0	0	21.00
22.00	0.00	AGGREGATE-	0	0	0	0	0	22.00
23.00	0.00	AGGREGATE-	0	0	0	0	0	23.00
24.00	0.00	AGGREGATE-	0	0	0	0	0	24.00
25.00	0.00	AGGREGATE-	0	0	0	0	0	25.00
26.00	0.00	AGGREGATE-	0	0	0	0	0	26.00
27.00	0.00	AGGREGATE-	0	0	0	0	0	27.00
200.00			7,553,756	7,553,756	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	76.00	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	16.00
17.00	0.00	AGGREGATE-	0	0	0	0	0	17.00
18.00	0.00	AGGREGATE-	0	0	0	0	0	18.00
19.00	0.00	AGGREGATE-	0	0	0	0	0	19.00
20.00	0.00	AGGREGATE-	0	0	0	0	0	20.00
21.00	0.00	AGGREGATE-	0	0	0	0	0	21.00
22.00	0.00	AGGREGATE-	0	0	0	0	0	22.00
23.00	0.00	AGGREGATE-	0	0	0	0	0	23.00
24.00	0.00	AGGREGATE-	0	0	0	0	0	24.00
25.00	0.00	AGGREGATE-	0	0	0	0	0	25.00
26.00	0.00	AGGREGATE-	0	0	0	0	0	26.00
27.00	0.00	AGGREGATE-	0	0	0	0	0	27.00
200.00			0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0030

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 3:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	0	0	91,420		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,025,513		2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	409,036		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	849,153		4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	1,020,610		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	762,450		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	764,769		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	28,797		8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	5,924		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	278,275		10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	965		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,495,336		12.00
13.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	643,621		13.00
14.00	76.00	AGGREGATE-WOUND CARE CENTER	0	0	0	46,656		14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	69,984		15.00
16.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	61,247		16.00
17.00	0.00	AGGREGATE-	0	0	0	0		17.00
18.00	0.00	AGGREGATE-	0	0	0	0		18.00
19.00	0.00	AGGREGATE-	0	0	0	0		19.00
20.00	0.00	AGGREGATE-	0	0	0	0		20.00
21.00	0.00	AGGREGATE-	0	0	0	0		21.00
22.00	0.00	AGGREGATE-	0	0	0	0		22.00
23.00	0.00	AGGREGATE-	0	0	0	0		23.00
24.00	0.00	AGGREGATE-	0	0	0	0		24.00
25.00	0.00	AGGREGATE-	0	0	0	0		25.00
26.00	0.00	AGGREGATE-	0	0	0	0		26.00
27.00	0.00	AGGREGATE-	0	0	0	0		27.00
200.00			0	0	0	7,553,756		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	15,856,068	15,856,068				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,117,537		13,117,537			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,065,626	121,499	292	22,187,417		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,984,642	0	7,998	287	8,992,927	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	36,336,407	1,082,120	3,580,119	1,461,034	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,524,468	280,992	46,327	259,676	0	6.00
7.00	00700	OPERATION OF PLANT	8,832,228	2,304,177	58,416	221,600	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	952,914	152,425	2,938	2,954	0	8.00
9.00	00900	HOUSEKEEPING	3,217,713	181,899	192,779	506,199	0	9.00
10.00	01000	DIETARY	2,177,890	278,478	106,531	306,328	0	10.00
11.00	01100	CAFETERIA	1,186,458	206,652	82,453	238,312	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,220,794	61,071	335,105	292,149	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,115,482	297,056	246,718	147,720	0	14.00
15.00	01500	PHARMACY	6,867,023	174,524	175,971	794,562	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	84,658	47,242	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,907,373	0	0	385,974	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,889,660	3,947,496	181,852	5,225,740	1,211,599	30.00
31.00	03100	INTENSIVE CARE UNIT	6,924,508	617,189	84,731	1,084,275	291,442	31.00
43.00	04300	NURSERY	2,411,600	197,935	50,782	469,940	103,350	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,233,902	1,128,384	2,152,337	1,327,857	704,642	50.00
51.00	05100	RECOVERY ROOM	4,777,743	308,902	54,010	912,437	324,382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,596,257	514,939	166,360	1,017,411	216,385	52.00
53.00	05300	ANESTHESIOLOGY	380,210	0	538	35,352	194,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,154,668	675,913	1,564,676	1,471,181	727,010	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,220,217	253,279	855,378	122,177	154,360	55.00
57.00	05700	CT SCAN	1,205,813	96,076	336,835	231,416	596,412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	480,986	92,556	67,124	91,561	133,514	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,846,729	392,881	741,245	265,003	225,330	59.00
60.00	06000	LABORATORY	8,894,740	454,371	902,544	876,264	949,098	60.00
64.00	06400	INTRAVENOUS THERAPY	2,878,457	312,757	28,625	448,485	77,915	64.00
65.00	06500	RESPIRATORY THERAPY	2,095,524	129,629	112,458	402,889	122,957	65.00
66.00	06600	PHYSICAL THERAPY	3,893,002	143,793	21,342	716,089	143,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	653,533	4,414	253	132,221	26,815	67.00
68.00	06800	SPEECH PATHOLOGY	171,411	24,138	29	34,569	6,721	68.00
69.00	06900	ELECTROCARDIOLOGY	2,844,434	158,013	683,639	473,488	355,316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	559,582	194,359	35,657	89,103	31,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,012,678	0	0	0	220,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,888,134	0	0	0	303,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,945,165	0	0	0	1,118,829	73.00
74.00	07400	RENAL DIALYSIS	634,029	25,479	0	0	12,496	74.00
76.00	03950	WOUND CARE CENTER	694,991	23,719	8,475	109,737	9,980	76.00
76.01	03951	DIABETIC CENTER	254,219	0	0	49,174	2,640	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	470,055	0	14,967	62,351	8,967	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	11,946,154	877,591	212,698	1,732,699	703,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	472,024	0	0	82,552	16,697	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	282,877,706	15,761,948	13,112,202	22,080,766	8,992,927	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	498,045	94,120	2,931	52,520	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	125,753	0	0	14,440	0	194.00
194.01	07951	PHYSICIAN REFERRAL	331,307	0	2,404	39,691	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	283,832,811	15,856,068	13,117,537	22,187,417	8,992,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	42,459,680	42,459,680				5.06
6.00	00600	MAINTENANCE & REPAIRS	4,111,463	723,243	4,834,706			6.00
7.00	00700	OPERATION OF PLANT	11,416,421	2,008,251	775,149	14,199,821		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,111,231	195,476	51,277	179,362	1,537,346	8.00
9.00	00900	HOUSEKEEPING	4,098,590	720,979	61,193	214,045	0	9.00
10.00	01000	DIETARY	2,869,227	504,723	93,683	327,691	0	10.00
11.00	01100	CAFETERIA	1,713,875	301,486	69,520	243,171	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,909,119	511,740	20,545	71,863	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,806,976	317,863	99,933	349,552	0	14.00
15.00	01500	PHARMACY	8,012,080	1,409,397	58,712	205,366	152	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	131,900	23,202	15,893	55,590	0	16.00
17.00	01700	SOCIAL SERVICE	2,293,347	403,420	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,456,347	6,588,884	1,327,978	4,645,106	550,270	30.00
31.00	03100	INTENSIVE CARE UNIT	9,002,145	1,583,558	207,629	726,259	95,120	31.00
43.00	04300	NURSERY	3,233,607	568,821	66,587	232,914	7,911	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,547,122	3,086,697	379,600	1,327,793	192,126	50.00
51.00	05100	RECOVERY ROOM	6,377,474	1,121,855	103,918	363,491	50,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,511,352	1,321,314	173,231	605,939	117,724	52.00
53.00	05300	ANESTHESIOLOGY	610,227	107,344	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,593,448	2,391,210	227,384	795,361	85,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,605,411	458,315	85,206	298,038	0	55.00
57.00	05700	CT SCAN	2,466,552	433,889	32,321	113,055	51,338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	865,741	152,292	31,137	108,913	18,270	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,471,188	610,613	132,169	462,311	33,981	59.00
60.00	06000	LABORATORY	12,077,017	2,124,456	152,855	534,668	115	60.00
64.00	06400	INTRAVENOUS THERAPY	3,746,239	658,997	105,215	368,028	19,193	64.00
65.00	06500	RESPIRATORY THERAPY	2,863,457	503,708	43,608	152,537	0	65.00
66.00	06600	PHYSICAL THERAPY	4,917,869	865,097	48,373	169,204	92,338	66.00
67.00	06700	OCCUPATIONAL THERAPY	817,236	143,759	1,485	5,194	0	67.00
68.00	06800	SPEECH PATHOLOGY	236,868	41,667	8,120	28,403	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,514,890	794,210	53,157	185,937	12,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	910,469	160,160	65,384	228,706	4,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,232,931	2,327,792	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,191,240	2,848,185	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,063,994	3,001,710	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	672,004	118,212	8,571	29,981	0	74.00
76.00	03950	WOUND CARE CENTER	846,902	148,978	7,979	27,910	1,636	76.00
76.01	03951	DIABETIC CENTER	306,033	53,834	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	556,340	97,865	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	15,472,315	2,721,719	295,231	1,032,680	204,249	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	571,273	100,492	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	282,671,600	42,255,413	4,803,043	14,089,068	1,537,346	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	647,616	113,921	31,663	110,753	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	140,193	24,661	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	373,402	65,685	0	0	0	194.01
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)	283,832,811	42,459,680	4,834,706	14,199,821	1,537,346	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	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	5,094,807					9.00
10.00	01000	DIETARY	120,924	3,916,248				10.00
11.00	01100	CAFETERIA	89,734	0	2,417,786			11.00
13.00	01300	NURSING ADMINISTRATION	26,519	0	29,280	3,569,066		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	128,991	0	31,797	0	2,735,112	14.00
15.00	01500	PHARMACY	75,784	0	81,824	0	2,888	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,514	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	37,159	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,714,122	3,576,784	698,933	1,500,251	76,639	30.00
31.00	03100	INTENSIVE CARE UNIT	268,002	247,042	127,474	273,623	42,042	31.00
43.00	04300	NURSERY	85,949	0	52,171	111,985	3,433	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	489,979	0	165,654	355,574	131,636	50.00
51.00	05100	RECOVERY ROOM	134,135	0	107,844	231,486	6,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	223,602	0	113,459	243,539	19,014	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,172	0	3,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	293,502	0	176,954	0	23,534	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	109,981	0	12,387	0	2,043	55.00
57.00	05700	CT SCAN	41,719	0	24,313	0	710	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40,191	0	10,263	0	902	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,601	0	24,323	52,209	15,098	59.00
60.00	06000	LABORATORY	197,302	0	141,567	0	10,086	60.00
64.00	06400	INTRAVENOUS THERAPY	135,809	0	53,746	115,366	5,413	64.00
65.00	06500	RESPIRATORY THERAPY	56,289	0	54,885	117,810	1,304	65.00
66.00	06600	PHYSICAL THERAPY	62,439	0	77,316	0	1,332	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,917	0	14,640	0	186	67.00
68.00	06800	SPEECH PATHOLOGY	10,481	0	3,589	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68,614	0	53,158	0	12,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,397	0	13,305	0	295	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,050,279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,282,354	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,064	0	0	0	219	74.00
76.00	03950	WOUND CARE CENTER	10,299	0	12,080	0	7,393	76.00
76.01	03951	DIABETIC CENTER	0	0	6,128	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	6,565	14,092	718	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	381,077	92,422	248,521	533,449	35,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	9,169	19,682	5	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,053,937	3,916,248	2,394,676	3,569,066	2,735,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,870	0	16,172	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	1,751	0	61	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	5,187	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,094,807	3,916,248	2,417,786	3,569,066	2,735,112	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	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
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	9,846,203					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	247,099				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,733,926			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	33,319	2,555,212	60,723,845	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,007	123,494	12,704,395	0	31.00
43.00	04300	NURSERY	0	2,839	37,148	4,403,365	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,914	19,359	0	23,698,454	0	50.00
51.00	05100	RECOVERY ROOM	0	8,912	1,004	8,507,483	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,945	12,048	10,347,167	0	52.00
53.00	05300	ANESTHESIOLOGY	69,115	5,333	0	801,884	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,973	0	17,606,606	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,241	0	3,575,622	0	55.00
57.00	05700	CT SCAN	0	16,385	0	3,180,282	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,668	0	1,231,377	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,191	0	4,978,684	0	59.00
60.00	06000	LABORATORY	0	26,075	0	15,264,141	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,141	0	5,210,147	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,378	0	3,796,976	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,946	0	6,237,914	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	737	0	985,154	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	185	0	329,313	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67,492	9,762	0	5,771,365	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	873	0	1,468,520	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,051	0	16,617,053	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,327	0	20,330,106	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,527,055	30,738	0	29,623,497	0	73.00
74.00	07400	RENAL DIALYSIS	0	343	0	840,394	0	74.00
76.00	03950	WOUND CARE CENTER	10,015	274	0	1,073,466	0	76.00
76.01	03951	DIABETIC CENTER	0	73	0	366,068	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	246	0	675,826	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	169,612	19,319	5,020	21,210,692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	459	0	701,080	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,846,203	247,099	2,733,926	282,260,876	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	960,995	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	166,666	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	444,274	0	194.01
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)	9,846,203	247,099	2,733,926	283,832,811	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	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
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03950	WOUND CARE CENTER	76.00
76.01	03951	DIABETIC CENTER	76.01
76.02	03952	CLINICAL NUTRITION	76.02
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04950	ANTICOAGULATION CLINIC	93.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	192.01
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	ACLS	194.00
194.01	07951	PHYSICIAN REFERRAL	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	121,499	292	121,791	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	239,897	0	7,998	247,895	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	1,130,093	1,082,120	3,580,119	5,792,332	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	280,992	46,327	327,319	6.00
7.00	00700	OPERATION OF PLANT	62,067	2,304,177	58,416	2,424,660	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	152,425	2,938	155,363	8.00
9.00	00900	HOUSEKEEPING	0	181,899	192,779	374,678	9.00
10.00	01000	DIETARY	2,044	278,478	106,531	387,053	10.00
11.00	01100	CAFETERIA	0	206,652	82,453	289,105	11.00
13.00	01300	NURSING ADMINISTRATION	231,044	61,071	335,105	627,220	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	297,056	246,718	543,774	14.00
15.00	01500	PHARMACY	0	174,524	175,971	350,495	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,242	0	47,242	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,181	3,947,496	181,852	4,156,529	30.00
31.00	03100	INTENSIVE CARE UNIT	0	617,189	84,731	701,920	31.00
43.00	04300	NURSERY	0	197,935	50,782	248,717	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,824	1,128,384	2,152,337	3,287,545	50.00
51.00	05100	RECOVERY ROOM	0	308,902	54,010	362,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	514,939	166,360	681,299	52.00
53.00	05300	ANESTHESIOLOGY	0	0	538	538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	348,119	675,913	1,564,676	2,588,708	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	253,279	855,378	1,108,657	55.00
57.00	05700	CT SCAN	0	96,076	336,835	432,911	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	92,556	67,124	159,680	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	392,881	741,245	1,134,126	59.00
60.00	06000	LABORATORY	2,990	454,371	902,544	1,359,905	60.00
64.00	06400	INTRAVENOUS THERAPY	3,465	312,757	28,625	344,847	64.00
65.00	06500	RESPIRATORY THERAPY	14,893	129,629	112,458	256,980	65.00
66.00	06600	PHYSICAL THERAPY	189,298	143,793	21,342	354,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,414	253	4,667	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,138	29	24,167	68.00
69.00	06900	ELECTROCARDIOLOGY	0	158,013	683,639	841,652	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,409	194,359	35,657	237,425	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
74.00	07400	RENAL DIALYSIS	0	25,479	0	25,479	74.00
76.00	03950	WOUND CARE CENTER	32,559	23,719	8,475	64,753	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	147,707	0	14,967	162,674	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	158,873	877,591	212,698	1,249,162	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	453	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,604,463	15,761,948	13,112,202	31,478,613	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,850	94,120	2,931	98,901	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	74,434	0	2,404	76,838	194.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,680,747	15,856,068	13,117,537	31,654,352	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	247,897					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	5,800,353				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	98,803	427,548			6.00
7.00	00700	OPERATION OF PLANT	0	274,348	68,549	2,768,774		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	26,704	4,535	34,973	221,591	8.00
9.00	00900	HOUSEKEEPING	0	98,493	5,411	41,736	0	9.00
10.00	01000	DIETARY	0	68,950	8,285	63,895	0	10.00
11.00	01100	CAFETERIA	0	41,186	6,148	47,415	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	69,909	1,817	14,012	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	43,423	8,837	68,158	0	14.00
15.00	01500	PHARMACY	0	192,538	5,192	40,044	22	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,170	1,405	10,839	0	16.00
17.00	01700	SOCIAL SERVICE	0	55,111	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,914	900,030	117,439	905,734	79,314	30.00
31.00	03100	INTENSIVE CARE UNIT	8,052	216,331	18,361	141,611	13,710	31.00
43.00	04300	NURSERY	2,855	77,707	5,889	45,415	1,140	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,468	421,675	33,569	258,902	27,693	50.00
51.00	05100	RECOVERY ROOM	8,962	153,257	9,190	70,876	7,312	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,978	180,505	15,319	118,150	16,969	52.00
53.00	05300	ANESTHESIOLOGY	5,363	14,664	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,086	326,664	20,108	155,085	12,286	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,265	62,611	7,535	58,113	0	55.00
57.00	05700	CT SCAN	16,478	59,274	2,858	22,044	7,400	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,689	20,805	2,754	21,236	2,633	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,225	83,416	11,688	90,144	4,898	59.00
60.00	06000	LABORATORY	26,221	290,223	13,517	104,253	17	60.00
64.00	06400	INTRAVENOUS THERAPY	2,153	90,026	9,304	71,760	2,767	64.00
65.00	06500	RESPIRATORY THERAPY	3,397	68,812	3,856	29,743	0	65.00
66.00	06600	PHYSICAL THERAPY	3,969	118,181	4,278	32,993	13,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	741	19,639	131	1,013	0	67.00
68.00	06800	SPEECH PATHOLOGY	186	5,692	718	5,538	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,817	108,497	4,701	36,255	1,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	878	21,879	5,782	44,595	711	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,085	318,001	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,374	389,092	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,911	410,065	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	345	16,149	758	5,846	0	74.00
76.00	03950	WOUND CARE CENTER	276	20,352	706	5,442	236	76.00
76.01	03951	DIABETIC CENTER	73	7,354	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	248	13,369	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	19,427	371,815	26,108	201,359	29,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	461	13,728	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	247,897	5,772,448	424,748	2,747,179	221,591	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,563	2,800	21,595	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	3,369	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	8,973	0	0	0	194.01
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)	247,897	5,800,353	427,548	2,768,774	221,591	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	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	523,097					9.00
10.00	01000	DIETARY	12,416	542,281				10.00
11.00	01100	CAFETERIA	9,213	0	394,375			11.00
13.00	01300	NURSING ADMINISTRATION	2,723	0	4,776	722,061		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,244	0	5,187	0	683,434	14.00
15.00	01500	PHARMACY	7,781	0	13,347	0	722	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,106	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	6,061	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	175,995	495,275	114,006	303,518	19,150	30.00
31.00	03100	INTENSIVE CARE UNIT	27,516	34,208	20,793	55,357	10,505	31.00
43.00	04300	NURSERY	8,825	0	8,510	22,656	858	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,307	0	27,020	71,936	32,893	50.00
51.00	05100	RECOVERY ROOM	13,772	0	17,591	46,832	1,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,958	0	18,507	49,271	4,751	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,007	0	923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,135	0	28,864	0	5,881	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,292	0	2,020	0	511	55.00
57.00	05700	CT SCAN	4,283	0	3,966	0	177	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,126	0	1,674	0	225	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,516	0	3,967	10,562	3,773	59.00
60.00	06000	LABORATORY	20,257	0	23,092	0	2,520	60.00
64.00	06400	INTRAVENOUS THERAPY	13,944	0	8,767	23,340	1,353	64.00
65.00	06500	RESPIRATORY THERAPY	5,779	0	8,952	23,834	326	65.00
66.00	06600	PHYSICAL THERAPY	6,411	0	12,611	0	333	66.00
67.00	06700	OCCUPATIONAL THERAPY	197	0	2,388	0	47	67.00
68.00	06800	SPEECH PATHOLOGY	1,076	0	585	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,045	0	8,671	0	3,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,665	0	2,170	0	74	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	262,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	320,423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,136	0	0	0	55	74.00
76.00	03950	WOUND CARE CENTER	1,057	0	1,970	0	1,847	76.00
76.01	03951	DIABETIC CENTER	0	0	999	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	1,071	2,851	179	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	39,126	12,798	40,537	107,922	8,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	1,496	3,982	1	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	518,901	542,281	390,605	722,061	683,419	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,196	0	2,638	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	286	0	15	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	846	0	0	194.01
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)	523,097	542,281	394,375	722,061	683,434	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	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
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	614,503					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	64,762				16.00
17.00	01700	SOCIAL SERVICE	0	0	63,291			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,313	59,154	7,396,047	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,114	2,859	1,259,289	0	31.00
43.00	04300	NURSERY	0	750	860	426,762	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	182	5,112	0	4,243,592	0	50.00
51.00	05100	RECOVERY ROOM	0	2,353	23	699,747	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,570	279	1,121,141	0	52.00
53.00	05300	ANESTHESIOLOGY	4,313	1,408	0	28,410	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,274	0	3,201,167	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,120	0	1,256,795	0	55.00
57.00	05700	CT SCAN	0	4,326	0	554,987	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	969	0	218,294	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,635	0	1,369,405	0	59.00
60.00	06000	LABORATORY	0	6,885	0	1,851,700	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	565	0	571,288	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	892	0	404,783	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,042	0	551,492	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	195	0	29,744	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	49	0	38,201	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,212	2,578	0	1,030,789	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	230	0	322,898	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,598	0	588,124	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,199	0	720,088	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	594,586	8,116	0	1,043,678	0	73.00
74.00	07400	RENAL DIALYSIS	0	91	0	49,859	0	74.00
76.00	03950	WOUND CARE CENTER	625	72	0	97,938	0	76.00
76.01	03951	DIABETIC CENTER	0	19	0	8,715	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	65	0	180,799	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,585	5,101	116	2,131,773	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	121	0	20,242	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	614,503	64,762	63,291	31,417,747	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	145,981	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	3,749	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	86,875	0	194.01
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)	614,503	64,762	63,291	31,654,352	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	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
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03950	WOUND CARE CENTER	76.00
76.01	03951	DIABETIC CENTER	76.01
76.02	03952	CLINICAL NUTRITION	76.02
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04950	ANTICOAGULATION CLINIC	93.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	192.01
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	ACLS	194.00
194.01	07951	PHYSICIAN REFERRAL	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	567,561					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,395,074				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,349	254	101,756,432			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,948	1,317	1,388,072,643		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	38,734	3,110,018	6,700,637	0	-42,459,680	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,058	40,244	1,190,933	0	0	6.00
7.00	00700	OPERATION OF PLANT	82,477	50,745	1,016,309	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,456	2,552	13,548	0	0	8.00
9.00	00900	HOUSEKEEPING	6,511	167,465	2,321,544	0	0	9.00
10.00	01000	DIETARY	9,968	92,542	1,404,891	0	0	10.00
11.00	01100	CAFETERIA	7,397	71,626	1,092,953	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,186	291,102	1,339,864	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,633	214,321	677,479	0	0	14.00
15.00	01500	PHARMACY	6,247	152,864	3,644,043	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,691	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,770,165	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	141,299	157,973	23,966,274	187,065,417	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,092	73,605	4,972,734	44,982,485	0	31.00
43.00	04300	NURSERY	7,085	44,114	2,155,252	15,951,570	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,390	1,869,713	6,089,859	108,757,768	0	50.00
51.00	05100	RECOVERY ROOM	11,057	46,918	4,184,645	50,066,695	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,432	144,515	4,666,081	33,397,838	0	52.00
53.00	05300	ANESTHESIOLOGY	0	467	162,132	29,962,498	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,194	1,359,218	6,747,173	112,210,161	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,066	743,058	560,334	23,824,608	0	55.00
57.00	05700	CT SCAN	3,439	292,605	1,061,327	92,053,162	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,313	58,310	419,920	20,607,126	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,063	643,912	1,215,366	34,778,455	0	59.00
60.00	06000	LABORATORY	16,264	784,031	4,018,749	146,488,422	0	60.00
64.00	06400	INTRAVENOUS THERAPY	11,195	24,866	2,056,855	12,025,792	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,640	97,691	1,847,744	18,977,850	0	65.00
66.00	06600	PHYSICAL THERAPY	5,147	18,540	3,284,149	22,170,493	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	158	220	606,397	4,138,767	0	67.00
68.00	06800	SPEECH PATHOLOGY	864	25	158,543	1,037,410	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,656	593,870	2,171,523	54,841,133	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,957	30,975	408,649	4,903,277	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,994,862	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,782,761	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	172,685,455	0	73.00
74.00	07400	RENAL DIALYSIS	912	0	0	1,928,630	0	74.00
76.00	03950	WOUND CARE CENTER	849	7,362	503,277	1,540,402	0	76.00
76.01	03951	DIABETIC CENTER	0	0	225,525	407,541	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	13,002	285,957	1,383,973	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	31,413	184,769	7,946,558	108,531,057	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	378,601	2,577,035	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	564,192	11,390,440	101,267,307	1,388,072,643	-42,459,680	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,369	2,546	240,870	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	66,223	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	2,088	182,032	0	0	194.01
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)	15,856,068	13,117,537	22,187,417	8,992,927		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.937205	1.151159	0.218044	0.006479		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			121,791	247,897		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.05	5A.06	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001197	0.000179		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: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	241,373,131				5.06
6.00	00600	MAINTENANCE & REPAIRS	4,111,463	514,420			6.00
7.00	00700	OPERATION OF PLANT	11,416,421	82,477	431,943		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,111,231	5,456	5,456	1,555,819	8.00
9.00	00900	HOUSEKEEPING	4,098,590	6,511	6,511	0	9.00
10.00	01000	DIETARY	2,869,227	9,968	9,968	0	10.00
11.00	01100	CAFETERIA	1,713,875	7,397	7,397	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,909,119	2,186	2,186	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,806,976	10,633	10,633	0	14.00
15.00	01500	PHARMACY	8,012,080	6,247	6,247	154	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	131,900	1,691	1,691	0	16.00
17.00	01700	SOCIAL SERVICE	2,293,347	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,456,347	141,299	141,299	556,881	30.00
31.00	03100	INTENSIVE CARE UNIT	9,002,145	22,092	22,092	96,263	31.00
43.00	04300	NURSERY	3,233,607	7,085	7,085	8,006	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,547,122	40,390	40,390	194,435	50.00
51.00	05100	RECOVERY ROOM	6,377,474	11,057	11,057	51,338	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,511,352	18,432	18,432	119,139	52.00
53.00	05300	ANESTHESIOLOGY	610,227	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,593,448	24,194	24,194	86,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,605,411	9,066	9,066	0	55.00
57.00	05700	CT SCAN	2,466,552	3,439	3,439	51,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	865,741	3,313	3,313	18,490	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,471,188	14,063	14,063	34,389	59.00
60.00	06000	LABORATORY	12,077,017	16,264	16,264	116	60.00
64.00	06400	INTRAVENOUS THERAPY	3,746,239	11,195	11,195	19,424	64.00
65.00	06500	RESPIRATORY THERAPY	2,863,457	4,640	4,640	0	65.00
66.00	06600	PHYSICAL THERAPY	4,917,869	5,147	5,147	93,448	66.00
67.00	06700	OCCUPATIONAL THERAPY	817,236	158	158	0	67.00
68.00	06800	SPEECH PATHOLOGY	236,868	864	864	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,514,890	5,656	5,656	12,168	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	910,469	6,957	6,957	4,990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,232,931	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,191,240	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,063,994	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	672,004	912	912	0	74.00
76.00	03950	WOUND CARE CENTER	846,902	849	849	1,656	76.00
76.01	03951	DIABETIC CENTER	306,033	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	556,340	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	15,472,315	31,413	31,413	206,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	ANTICOAGULATION CLINIC	571,273	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	240,211,920	511,051	428,574	1,555,819	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	647,616	3,369	3,369	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	140,193	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	373,402	0	0	0	194.01
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)	42,459,680	4,834,706	14,199,821	1,537,346	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.175909	9.398363	32.874294	0.988127	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,800,353	427,548	2,768,774	221,591	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.024031	0.831126	6.410045	0.142427	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	5.06	6.00	7.00	8.00	9.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	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	178,690					10.00
11.00	01100	CAFETERIA	0	2,298,023				11.00
13.00	01300	NURSING ADMINISTRATION	0	27,830	1,580,381			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,222	0	33,887,436		14.00
15.00	01500	PHARMACY	0	77,771	0	35,785	16,479,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	35,318	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	163,201	664,311	664,311	949,533	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,272	121,160	121,160	520,887	0	31.00
43.00	04300	NURSERY	0	49,587	49,587	42,533	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	157,448	157,448	1,630,932	4,877	50.00
51.00	05100	RECOVERY ROOM	0	102,502	102,502	82,222	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	107,839	107,839	235,577	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,866	0	45,752	115,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168,189	0	291,585	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,773	0	25,317	0	55.00
57.00	05700	CT SCAN	0	23,109	0	8,793	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,755	0	11,171	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,118	23,118	187,064	0	59.00
60.00	06000	LABORATORY	0	134,555	0	124,962	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	51,084	51,084	67,062	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	52,166	52,166	16,162	0	65.00
66.00	06600	PHYSICAL THERAPY	0	73,486	0	16,508	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,915	0	2,310	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,411	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	50,525	0	150,177	112,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,646	0	3,653	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,012,675	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,888,134	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,945,165	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,716	0	74.00
76.00	03950	WOUND CARE CENTER	0	11,482	0	91,593	16,761	76.00
76.01	03951	DIABETIC CENTER	0	5,824	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	6,240	6,240	8,894	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,217	236,211	236,211	434,610	283,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	8,715	8,715	67	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	178,690	2,276,058	1,580,381	33,886,674	16,479,313	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,371	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	1,664	0	758	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	4,930	0	4	0	194.01
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)	3,916,248	2,417,786	3,569,066	2,735,112	9,846,203	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.916436	1.052116	2.258358	0.080712	0.597489	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	542,281	394,375	722,061	683,434	614,503	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.034759	0.171615	0.456890	0.020168	0.037289	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
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: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	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
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	1,388,072,643		16.00
17.00	01700	SOCIAL SERVICE	0	2,723	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	187,065,417	2,545	30.00
31.00	03100	INTENSIVE CARE UNIT	44,982,485	123	31.00
43.00	04300	NURSERY	15,951,570	37	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	108,757,768	0	50.00
51.00	05100	RECOVERY ROOM	50,066,695	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,397,838	12	52.00
53.00	05300	ANESTHESIOLOGY	29,962,498	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,210,161	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,824,608	0	55.00
57.00	05700	CT SCAN	92,053,162	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,607,126	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,778,455	0	59.00
60.00	06000	LABORATORY	146,488,422	0	60.00
64.00	06400	INTRAVENOUS THERAPY	12,025,792	0	64.00
65.00	06500	RESPIRATORY THERAPY	18,977,850	0	65.00
66.00	06600	PHYSICAL THERAPY	22,170,493	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,138,767	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,037,410	0	68.00
69.00	06900	ELECTROCARDIOLOGY	54,841,133	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,903,277	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,994,862	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,782,761	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	172,685,455	0	73.00
74.00	07400	RENAL DIALYSIS	1,928,630	0	74.00
76.00	03950	WOUND CARE CENTER	1,540,402	0	76.00
76.01	03951	DIABETIC CENTER	407,541	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,383,973	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	108,531,057	5	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	ANTICOAGULATION CLINIC	2,577,035	0	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,388,072,643	2,723	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
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	194.01
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)	247,099	2,733,926	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000178	1,004.012486	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	64,762	63,291	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000047	23.243114	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
		16.00	17.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	60,723,845		60,723,845	0	60,723,845	30.00	
31.00	03100	INTENSIVE CARE UNIT	12,704,395		12,704,395	0	12,704,395	31.00	
43.00	04300	NURSERY	4,403,365		4,403,365	0	4,403,365	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	23,698,454		23,698,454	0	23,698,454	50.00	
51.00	05100	RECOVERY ROOM	8,507,483		8,507,483	0	8,507,483	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,347,167		10,347,167	0	10,347,167	52.00	
53.00	05300	ANESTHESIOLOGY	801,884		801,884	0	801,884	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,606,606		17,606,606	0	17,606,606	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,575,622		3,575,622	0	3,575,622	55.00	
57.00	05700	CT SCAN	3,180,282		3,180,282	0	3,180,282	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,231,377		1,231,377	0	1,231,377	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,978,684		4,978,684	0	4,978,684	59.00	
60.00	06000	LABORATORY	15,264,141		15,264,141	0	15,264,141	60.00	
64.00	06400	INTRAVENOUS THERAPY	5,210,147		5,210,147	0	5,210,147	64.00	
65.00	06500	RESPIRATORY THERAPY	3,796,976	0	3,796,976	0	3,796,976	65.00	
66.00	06600	PHYSICAL THERAPY	6,237,914	0	6,237,914	0	6,237,914	66.00	
67.00	06700	OCCUPATIONAL THERAPY	985,154	0	985,154	0	985,154	67.00	
68.00	06800	SPEECH PATHOLOGY	329,313	0	329,313	0	329,313	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,771,365		5,771,365	0	5,771,365	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,468,520		1,468,520	0	1,468,520	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,617,053		16,617,053	0	16,617,053	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,330,106		20,330,106	0	20,330,106	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	29,623,497		29,623,497	0	29,623,497	73.00	
74.00	07400	RENAL DIALYSIS	840,394		840,394	0	840,394	74.00	
76.00	03950	WOUND CARE CENTER	1,073,466		1,073,466	0	1,073,466	76.00	
76.01	03951	DIABETIC CENTER	366,068		366,068	0	366,068	76.01	
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	675,826		675,826	0	675,826	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
91.00	09100	EMERGENCY	21,210,692		21,210,692	0	21,210,692	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,307,892		8,307,892	0	8,307,892	92.00	
93.00	04950	ANTICOAGULATION CLINIC	701,080		701,080	0	701,080	93.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	290,568,768	0	290,568,768	0	290,568,768	200.00	
201.00		Less Observation Beds	8,307,892		8,307,892		8,307,892	201.00	
202.00		Total (see instructions)	282,260,876	0	282,260,876	0	282,260,876	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	155,874,147		155,874,147		30.00
31.00	03100	INTENSIVE CARE UNIT	44,982,485		44,982,485		31.00
43.00	04300	NURSERY	15,951,570		15,951,570		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,049,045	61,708,723	108,757,768	0.217901	50.00
51.00	05100	RECOVERY ROOM	13,117,150	36,949,545	50,066,695	0.169923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,323,024	10,074,814	33,397,838	0.309815	52.00
53.00	05300	ANESTHESIOLOGY	12,935,276	17,027,222	29,962,498	0.026763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,426,063	88,784,098	112,210,161	0.156907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	404,235	23,420,373	23,824,608	0.150081	55.00
57.00	05700	CT SCAN	32,457,275	59,595,887	92,053,162	0.034548	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,671,245	11,935,881	20,607,126	0.059755	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,243,167	14,535,288	34,778,455	0.143154	59.00
60.00	06000	LABORATORY	60,318,314	86,170,108	146,488,422	0.104200	60.00
64.00	06400	INTRAVENOUS THERAPY	661,248	11,364,544	12,025,792	0.433248	64.00
65.00	06500	RESPIRATORY THERAPY	16,748,013	2,229,837	18,977,850	0.200074	65.00
66.00	06600	PHYSICAL THERAPY	5,842,225	16,328,268	22,170,493	0.281361	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,859,520	1,279,247	4,138,767	0.238031	67.00
68.00	06800	SPEECH PATHOLOGY	715,760	321,650	1,037,410	0.317438	68.00
69.00	06900	ELECTROCARDIOLOGY	22,816,222	32,024,911	54,841,133	0.105238	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	301,206	4,602,071	4,903,277	0.299498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,789,561	14,205,301	33,994,862	0.488811	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,895,687	18,887,074	46,782,761	0.434564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,222,831	86,462,624	172,685,455	0.171546	73.00
74.00	07400	RENAL DIALYSIS	1,928,630	0	1,928,630	0.435747	74.00
76.00	03950	WOUND CARE CENTER	70,750	1,469,652	1,540,402	0.696874	76.00
76.01	03951	DIABETIC CENTER	1,794	405,747	407,541	0.898236	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	681	1,383,292	1,383,973	0.488323	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	26,047,235	82,483,822	108,531,057	0.195434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,749,027	23,442,243	31,191,270	0.266353	92.00
93.00	04950	ANTICOAGULATION CLINIC	9,191	2,567,844	2,577,035	0.272049	93.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	678,412,577	709,660,066	1,388,072,643		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	678,412,577	709,660,066	1,388,072,643		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 3:46 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217901		50.00
51.00	05100	RECOVERY ROOM	0.169923		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309815		52.00
53.00	05300	ANESTHESIOLOGY	0.026763		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156907		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150081		55.00
57.00	05700	CT SCAN	0.034548		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059755		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143154		59.00
60.00	06000	LABORATORY	0.104200		60.00
64.00	06400	INTRAVENOUS THERAPY	0.433248		64.00
65.00	06500	RESPIRATORY THERAPY	0.200074		65.00
66.00	06600	PHYSICAL THERAPY	0.281361		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238031		67.00
68.00	06800	SPEECH PATHOLOGY	0.317438		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105238		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.299498		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488811		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.434564		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171546		73.00
74.00	07400	RENAL DIALYSIS	0.435747		74.00
76.00	03950	WOUND CARE CENTER	0.696874		76.00
76.01	03951	DIABETIC CENTER	0.898236		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.488323		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.195434		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.266353		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.272049		93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

				Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	60,723,845		60,723,845	0	60,723,845	30.00	
31.00	03100	INTENSIVE CARE UNIT	12,704,395		12,704,395	0	12,704,395	31.00	
43.00	04300	NURSERY	4,403,365		4,403,365	0	4,403,365	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	23,698,454		23,698,454	0	23,698,454	50.00	
51.00	05100	RECOVERY ROOM	8,507,483		8,507,483	0	8,507,483	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,347,167		10,347,167	0	10,347,167	52.00	
53.00	05300	ANESTHESIOLOGY	801,884		801,884	0	801,884	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,606,606		17,606,606	0	17,606,606	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,575,622		3,575,622	0	3,575,622	55.00	
57.00	05700	CT SCAN	3,180,282		3,180,282	0	3,180,282	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,231,377		1,231,377	0	1,231,377	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,978,684		4,978,684	0	4,978,684	59.00	
60.00	06000	LABORATORY	15,264,141		15,264,141	0	15,264,141	60.00	
64.00	06400	INTRAVENOUS THERAPY	5,210,147		5,210,147	0	5,210,147	64.00	
65.00	06500	RESPIRATORY THERAPY	3,796,976	0	3,796,976	0	3,796,976	65.00	
66.00	06600	PHYSICAL THERAPY	6,237,914	0	6,237,914	0	6,237,914	66.00	
67.00	06700	OCCUPATIONAL THERAPY	985,154	0	985,154	0	985,154	67.00	
68.00	06800	SPEECH PATHOLOGY	329,313	0	329,313	0	329,313	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,771,365		5,771,365	0	5,771,365	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,468,520		1,468,520	0	1,468,520	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,617,053		16,617,053	0	16,617,053	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,330,106		20,330,106	0	20,330,106	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	29,623,497		29,623,497	0	29,623,497	73.00	
74.00	07400	RENAL DIALYSIS	840,394		840,394	0	840,394	74.00	
76.00	03950	WOUND CARE CENTER	1,073,466		1,073,466	0	1,073,466	76.00	
76.01	03951	DIABETIC CENTER	366,068		366,068	0	366,068	76.01	
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	675,826		675,826	0	675,826	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
91.00	09100	EMERGENCY	21,210,692		21,210,692	0	21,210,692	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,307,892		8,307,892	0	8,307,892	92.00	
93.00	04950	ANTICOAGULATION CLINIC	701,080		701,080	0	701,080	93.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	290,568,768	0	290,568,768	0	290,568,768	200.00	
201.00		Less Observation Beds	8,307,892		8,307,892		8,307,892	201.00	
202.00		Total (see instructions)	282,260,876	0	282,260,876	0	282,260,876	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	155,874,147		155,874,147			30.00
31.00	03100	INTENSIVE CARE UNIT	44,982,485		44,982,485			31.00
43.00	04300	NURSERY	15,951,570		15,951,570			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,049,045	61,708,723	108,757,768	0.217901	0.000000	50.00
51.00	05100	RECOVERY ROOM	13,117,150	36,949,545	50,066,695	0.169923	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,323,024	10,074,814	33,397,838	0.309815	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,935,276	17,027,222	29,962,498	0.026763	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,426,063	88,784,098	112,210,161	0.156907	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	404,235	23,420,373	23,824,608	0.150081	0.000000	55.00
57.00	05700	CT SCAN	32,457,275	59,595,887	92,053,162	0.034548	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,671,245	11,935,881	20,607,126	0.059755	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,243,167	14,535,288	34,778,455	0.143154	0.000000	59.00
60.00	06000	LABORATORY	60,318,314	86,170,108	146,488,422	0.104200	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	661,248	11,364,544	12,025,792	0.433248	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	16,748,013	2,229,837	18,977,850	0.200074	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,842,225	16,328,268	22,170,493	0.281361	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,859,520	1,279,247	4,138,767	0.238031	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	715,760	321,650	1,037,410	0.317438	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,816,222	32,024,911	54,841,133	0.105238	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	301,206	4,602,071	4,903,277	0.299498	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,789,561	14,205,301	33,994,862	0.488811	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,895,687	18,887,074	46,782,761	0.434564	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,222,831	86,462,624	172,685,455	0.171546	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,928,630	0	1,928,630	0.435747	0.000000	74.00
76.00	03950	WOUND CARE CENTER	70,750	1,469,652	1,540,402	0.696874	0.000000	76.00
76.01	03951	DIABETIC CENTER	1,794	405,747	407,541	0.898236	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	681	1,383,292	1,383,973	0.488323	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	26,047,235	82,483,822	108,531,057	0.195434	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,749,027	23,442,243	31,191,270	0.266353	0.000000	92.00
93.00	04950	ANTICOAGULATION CLINIC	9,191	2,567,844	2,577,035	0.272049	0.000000	93.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	678,412,577	709,660,066	1,388,072,643			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	678,412,577	709,660,066	1,388,072,643			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 3:46 pm
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217901		50.00
51.00	05100	RECOVERY ROOM	0.169923		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309815		52.00
53.00	05300	ANESTHESIOLOGY	0.026763		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156907		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150081		55.00
57.00	05700	CT SCAN	0.034548		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059755		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143154		59.00
60.00	06000	LABORATORY	0.104200		60.00
64.00	06400	INTRAVENOUS THERAPY	0.433248		64.00
65.00	06500	RESPIRATORY THERAPY	0.200074		65.00
66.00	06600	PHYSICAL THERAPY	0.281361		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238031		67.00
68.00	06800	SPEECH PATHOLOGY	0.317438		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105238		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.299498		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488811		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.434564		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171546		73.00
74.00	07400	RENAL DIALYSIS	0.435747		74.00
76.00	03950	WOUND CARE CENTER	0.696874		76.00
76.01	03951	DIABETIC CENTER	0.898236		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.488323		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.195434		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.266353		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.272049		93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,698,454	4,243,592	19,454,862	0	0	50.00
51.00	05100	RECOVERY ROOM	8,507,483	699,747	7,807,736	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,347,167	1,121,141	9,226,026	0	0	52.00
53.00	05300	ANESTHESIOLOGY	801,884	28,410	773,474	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,606,606	3,201,167	14,405,439	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,575,622	1,256,795	2,318,827	0	0	55.00
57.00	05700	CT SCAN	3,180,282	554,987	2,625,295	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,231,377	218,294	1,013,083	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,978,684	1,369,405	3,609,279	0	0	59.00
60.00	06000	LABORATORY	15,264,141	1,851,700	13,412,441	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	5,210,147	571,288	4,638,859	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,796,976	404,783	3,392,193	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,237,914	551,492	5,686,422	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	985,154	29,744	955,410	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	329,313	38,201	291,112	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,771,365	1,030,789	4,740,576	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,468,520	322,898	1,145,622	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,617,053	588,124	16,028,929	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,330,106	720,088	19,610,018	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,623,497	1,043,678	28,579,819	0	0	73.00
74.00	07400	RENAL DIALYSIS	840,394	49,859	790,535	0	0	74.00
76.00	03950	WOUND CARE CENTER	1,073,466	97,938	975,528	0	0	76.00
76.01	03951	DIABETIC CENTER	366,068	8,715	357,353	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	675,826	180,799	495,027	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	21,210,692	2,131,773	19,078,919	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,307,892	1,011,885	7,296,007	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	701,080	20,242	680,838	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	212,737,163	23,347,534	189,389,629	0	0	200.00
201.00		Less Observation Beds	8,307,892	1,011,885	7,296,007	0	0	201.00
202.00		Total (line 200 minus line 201)	204,429,271	22,335,649	182,093,622	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet C
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
			6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,698,454	108,757,768	0.217901		50.00
51.00	05100	RECOVERY ROOM	8,507,483	50,066,695	0.169923		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,347,167	33,397,838	0.309815		52.00
53.00	05300	ANESTHESIOLOGY	801,884	29,962,498	0.026763		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,606,606	112,210,161	0.156907		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,575,622	23,824,608	0.150081		55.00
57.00	05700	CT SCAN	3,180,282	92,053,162	0.034548		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,231,377	20,607,126	0.059755		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,978,684	34,778,455	0.143154		59.00
60.00	06000	LABORATORY	15,264,141	146,488,422	0.104200		60.00
64.00	06400	INTRAVENOUS THERAPY	5,210,147	12,025,792	0.433248		64.00
65.00	06500	RESPIRATORY THERAPY	3,796,976	18,977,850	0.200074		65.00
66.00	06600	PHYSICAL THERAPY	6,237,914	22,170,493	0.281361		66.00
67.00	06700	OCCUPATIONAL THERAPY	985,154	4,138,767	0.238031		67.00
68.00	06800	SPEECH PATHOLOGY	329,313	1,037,410	0.317438		68.00
69.00	06900	ELECTROCARDIOLOGY	5,771,365	54,841,133	0.105238		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,468,520	4,903,277	0.299498		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,617,053	33,994,862	0.488811		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,330,106	46,782,761	0.434564		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,623,497	172,685,455	0.171546		73.00
74.00	07400	RENAL DIALYSIS	840,394	1,928,630	0.435747		74.00
76.00	03950	WOUND CARE CENTER	1,073,466	1,540,402	0.696874		76.00
76.01	03951	DIABETIC CENTER	366,068	407,541	0.898236		76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	675,826	1,383,973	0.488323		76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000		90.00
91.00	09100	EMERGENCY	21,210,692	108,531,057	0.195434		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,307,892	31,191,270	0.266353		92.00
93.00	04950	ANTICOAGULATION CLINIC	701,080	2,577,035	0.272049		93.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	212,737,163	1,171,264,441			200.00
201.00		Less Observation Beds	8,307,892	0			201.00
202.00		Total (line 200 minus line 201)	204,429,271	1,171,264,441			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		7,396,047	0	7,396,047	55,813	132.51	30.00
31.00	INTENSIVE CARE UNIT		1,259,289		1,259,289	5,705	220.73	31.00
43.00	NURSERY		426,762		426,762	6,715	63.55	43.00
200.00	Total (lines 30 through 199)		9,082,098		9,082,098	68,233		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		21,085	2,793,973				
31.00	INTENSIVE CARE UNIT		2,327	513,639				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		23,412	3,307,612				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 3:46 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,243,592	108,757,768	0.039019	15,806,204	616,742	50.00
51.00	05100	RECOVERY ROOM	699,747	50,066,695	0.013976	5,048,386	70,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,121,141	33,397,838	0.033569	67,531	2,267	52.00
53.00	05300	ANESTHESIOLOGY	28,410	29,962,498	0.000948	3,932,585	3,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,201,167	112,210,161	0.028528	10,471,744	298,738	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,256,795	23,824,608	0.052752	235,822	12,440	55.00
57.00	05700	CT SCAN	554,987	92,053,162	0.006029	13,042,417	78,633	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	218,294	20,607,126	0.010593	3,236,326	34,282	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,369,405	34,778,455	0.039375	7,796,946	307,005	59.00
60.00	06000	LABORATORY	1,851,700	146,488,422	0.012641	24,901,736	314,783	60.00
64.00	06400	INTRAVENOUS THERAPY	571,288	12,025,792	0.047505	288,301	13,696	64.00
65.00	06500	RESPIRATORY THERAPY	404,783	18,977,850	0.021329	8,215,632	175,231	65.00
66.00	06600	PHYSICAL THERAPY	551,492	22,170,493	0.024875	3,111,505	77,399	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,744	4,138,767	0.007187	1,550,379	11,143	67.00
68.00	06800	SPEECH PATHOLOGY	38,201	1,037,410	0.036823	382,207	14,074	68.00
69.00	06900	ELECTROCARDIOLOGY	1,030,789	54,841,133	0.018796	10,188,307	191,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,898	4,903,277	0.065854	149,997	9,878	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	588,124	33,994,862	0.017300	8,673,187	150,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	720,088	46,782,761	0.015392	12,704,837	195,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,043,678	172,685,455	0.006044	37,092,221	224,185	73.00
74.00	07400	RENAL DIALYSIS	49,859	1,928,630	0.025852	1,134,340	29,325	74.00
76.00	03950	WOUND CARE CENTER	97,938	1,540,402	0.063580	34,518	2,195	76.00
76.01	03951	DIABETIC CENTER	8,715	407,541	0.021384	966	21	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	180,799	1,383,973	0.130638	681	89	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	2,131,773	108,531,057	0.019642	11,393,002	223,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,011,885	31,191,270	0.032441	3,184,586	103,311	92.00
93.00	04950	ANTICOAGULATION CLINIC	20,242	2,577,035	0.007855	6,725	53	93.00
200.00		Total (lines 50 through 199)	23,347,534	1,171,264,441		182,651,088	3,160,653	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/28/2019 3:46 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	55,813	0.00	21,085		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	5,705	0.00	2,327		31.00	
43.00	04300	NURSERY			0	6,715	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	68,233		23,412		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:46 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	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	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 3:46 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
			4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	108,757,768	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	50,066,695	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,397,838	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	29,962,498	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	112,210,161	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	23,824,608	0.000000	55.00	
57.00	05700	CT SCAN	0	0	0	92,053,162	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,607,126	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,778,455	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	146,488,422	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,025,792	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,977,850	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	22,170,493	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,138,767	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,037,410	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,841,133	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,903,277	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,994,862	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,782,761	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	172,685,455	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	1,928,630	0.000000	74.00	
76.00	03950	WOUND CARE CENTER	0	0	0	1,540,402	0.000000	76.00	
76.01	03951	DIABETIC CENTER	0	0	0	407,541	0.000000	76.01	
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,383,973	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	108,531,057	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	31,191,270	0.000000	92.00	
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,577,035	0.000000	93.00	
200.00		Total (lines 50 through 199)	0	0	0	1,171,264,441		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 3:46 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	15,806,204	0	17,473,069	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	5,048,386	0	12,130,060	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	67,531	0	64,483	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	3,932,585	0	4,456,126	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,471,744	0	26,188,500	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	235,822	0	10,599,986	0	55.00	
57.00	05700	CT SCAN	0.000000	13,042,417	0	13,117,075	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,236,326	0	3,254,169	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,796,946	0	7,666,147	0	59.00	
60.00	06000	LABORATORY	0.000000	24,901,736	0	15,317,178	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	288,301	0	4,347,835	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,215,632	0	766,663	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	3,111,505	0	194,103	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,550,379	0	36,554	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	382,207	0	7,470	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	10,188,307	0	12,341,707	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	149,997	0	1,305,125	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,673,187	0	4,473,363	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,704,837	0	8,279,186	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	37,092,221	0	36,743,555	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	1,134,340	0	0	0	74.00	
76.00	03950	WOUND CARE CENTER	0.000000	34,518	0	759,533	0	76.00	
76.01	03951	DIABETIC CENTER	0.000000	966	0	1,051	0	76.01	
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	0.000000	681	0	569,555	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.000000	11,393,002	0	11,775,876	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,184,586	0	7,121,464	0	92.00	
93.00	04950	ANTICOAGULATION CLINIC	0.000000	6,725	0	1,296,287	0	93.00	
200.00		Total (lines 50 through 199)		182,651,088	0	200,286,120	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/28/2019 3:46 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.217901	17,473,069	0	164	3,807,399	50.00
51.00	05100	RECOVERY ROOM		0.169923	12,130,060	0	0	2,061,176	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.309815	64,483	0	0	19,978	52.00
53.00	05300	ANESTHESIOLOGY		0.026763	4,456,126	0	0	119,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.156907	26,188,500	1	3,684	4,109,159	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.150081	10,599,986	0	110	1,590,856	55.00
57.00	05700	CT SCAN		0.034548	13,117,075	0	4,583	453,169	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.059755	3,254,169	0	2,442	194,453	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.143154	7,666,147	4	1,919	1,097,440	59.00
60.00	06000	LABORATORY		0.104200	15,317,178	1,373	0	1,596,050	60.00
64.00	06400	INTRAVENOUS THERAPY		0.433248	4,347,835	3	23	1,883,691	64.00
65.00	06500	RESPIRATORY THERAPY		0.200074	766,663	5	0	153,389	65.00
66.00	06600	PHYSICAL THERAPY		0.281361	194,103	0	0	54,613	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.238031	36,554	0	0	8,701	67.00
68.00	06800	SPEECH PATHOLOGY		0.317438	7,470	0	0	2,371	68.00
69.00	06900	ELECTROCARDIOLOGY		0.105238	12,341,707	0	685	1,298,817	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.299498	1,305,125	0	0	390,882	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.488811	4,473,363	0	0	2,186,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.434564	8,279,186	0	0	3,597,836	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.171546	36,743,555	0	165,313	6,303,210	73.00
74.00	07400	RENAL DIALYSIS		0.435747	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER		0.696874	759,533	0	59	529,299	76.00
76.01	03951	DIABETIC CENTER		0.898236	1,051	0	0	944	76.01
76.02	03952	CLINICAL NUTRITION		0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0.488323	569,555	0	0	278,127	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.195434	11,775,876	10	402	2,301,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.266353	7,121,464	0	0	1,896,823	92.00
93.00	04950	ANTICOAGULATION CLINIC		0.272049	1,296,287	51	0	352,654	93.00
200.00		Subtotal (see instructions)			200,286,120	1,447	179,384	36,288,332	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			200,286,120	1,447	179,384	36,288,332	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/28/2019 3:46 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	36		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	578		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17		55.00
57.00	05700	CT SCAN	0	158		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	146		58.00
59.00	05900	CARDIAC CATHETERIZATION	1	275		59.00
60.00	06000	LABORATORY	143	0		60.00
64.00	06400	INTRAVENOUS THERAPY	1	10		64.00
65.00	06500	RESPIRATORY THERAPY	1	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	72		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	28,359		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	WOUND CARE CENTER	0	41		76.00
76.01	03951	DIABETIC CENTER	0	0		76.01
76.02	03952	CLINICAL NUTRITION	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	2	79		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	14	0		93.00
200.00		Subtotal (see instructions)	162	29,771		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	162	29,771		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 3:46 pm		
				Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,396,047	0	7,396,047	55,813	132.51	30.00	
31.00	INTENSIVE CARE UNIT	1,259,289		1,259,289	5,705	220.73	31.00	
43.00	NURSERY	426,762		426,762	6,715	63.55	43.00	
200.00	Total (lines 30 through 199)	9,082,098		9,082,098	68,233		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,057	140,063					30.00
31.00	INTENSIVE CARE UNIT	151	33,330					31.00
43.00	NURSERY	3,173	201,644					43.00
200.00	Total (lines 30 through 199)	4,381	375,037					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description			Title XIX		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,243,592	108,757,768	0.039019	475,740	18,563	50.00
51.00	05100	RECOVERY ROOM	699,747	50,066,695	0.013976	180,145	2,518	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,121,141	33,397,838	0.033569	2,030,129	68,149	52.00
53.00	05300	ANESTHESIOLOGY	28,410	29,962,498	0.000948	267,456	254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,201,167	112,210,161	0.028528	538,162	15,353	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,256,795	23,824,608	0.052752	16,968	895	55.00
57.00	05700	CT SCAN	554,987	92,053,162	0.006029	795,520	4,796	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	218,294	20,607,126	0.010593	243,441	2,579	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,369,405	34,778,455	0.039375	320,161	12,606	59.00
60.00	06000	LABORATORY	1,851,700	146,488,422	0.012641	2,217,859	28,036	60.00
64.00	06400	INTRAVENOUS THERAPY	571,288	12,025,792	0.047505	20,609	979	64.00
65.00	06500	RESPIRATORY THERAPY	404,783	18,977,850	0.021329	424,786	9,060	65.00
66.00	06600	PHYSICAL THERAPY	551,492	22,170,493	0.024875	63,496	1,579	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,744	4,138,767	0.007187	51,987	374	67.00
68.00	06800	SPEECH PATHOLOGY	38,201	1,037,410	0.036823	19,882	732	68.00
69.00	06900	ELECTROCARDIOLOGY	1,030,789	54,841,133	0.018796	311,062	5,847	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,898	4,903,277	0.065854	7,622	502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	588,124	33,994,862	0.017300	350,813	6,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	720,088	46,782,761	0.015392	161,482	2,486	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,043,678	172,685,455	0.006044	2,662,916	16,095	73.00
74.00	07400	RENAL DIALYSIS	49,859	1,928,630	0.025852	34,270	886	74.00
76.00	03950	WOUND CARE CENTER	97,938	1,540,402	0.063580	1,040	66	76.00
76.01	03951	DIABETIC CENTER	8,715	407,541	0.021384	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	180,799	1,383,973	0.130638	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	2,131,773	108,531,057	0.019642	668,644	13,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,011,885	31,191,270	0.032441	196,185	6,364	92.00
93.00	04950	ANTICOAGULATION CLINIC	20,242	2,577,035	0.007855	0	0	93.00
200.00		Total (lines 50 through 199)	23,347,534	1,171,264,441		12,060,375	217,922	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/28/2019 3:46 pm		
					Title XIX		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	55,813	0.00		1,057	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	5,705	0.00		151	31.00	
43.00	04300	NURSERY			0	6,715	0.00		3,173	43.00	
200.00		Total (lines 30 through 199)			0	68,233			4,381	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 3:46 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	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	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 3:46 pm

			Title XIX		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	108,757,768	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	50,066,695	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,397,838	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,962,498	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	112,210,161	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	23,824,608	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	92,053,162	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,607,126	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,778,455	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	146,488,422	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,025,792	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,977,850	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,170,493	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,138,767	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,037,410	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,841,133	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,903,277	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,994,862	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,782,761	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	172,685,455	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,928,630	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	1,540,402	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	407,541	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,383,973	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	108,531,057	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	31,191,270	0.000000	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,577,035	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	1,171,264,441		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 3:46 pm

				Title XIX		Hospital		PPS		
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
				9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	475,740		0	0	50.00	
51.00	05100	RECOVERY ROOM		0.000000	180,145		0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	2,030,129		0	0	52.00	
53.00	05300	ANESTHESIOLOGY		0.000000	267,456		0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	538,162		0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	16,968		0	0	55.00	
57.00	05700	CT SCAN		0.000000	795,520		0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	243,441		0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION		0.000000	320,161		0	0	59.00	
60.00	06000	LABORATORY		0.000000	2,217,859		0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY		0.000000	20,609		0	0	64.00	
65.00	06500	RESPIRATORY THERAPY		0.000000	424,786		0	0	65.00	
66.00	06600	PHYSICAL THERAPY		0.000000	63,496		0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY		0.000000	51,987		0	0	67.00	
68.00	06800	SPEECH PATHOLOGY		0.000000	19,882		0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY		0.000000	311,062		0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	7,622		0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	350,813		0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	161,482		0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	2,662,916		0	0	73.00	
74.00	07400	RENAL DIALYSIS		0.000000	34,270		0	0	74.00	
76.00	03950	WOUND CARE CENTER		0.000000	1,040		0	0	76.00	
76.01	03951	DIABETIC CENTER		0.000000	0		0	0	76.01	
76.02	03952	CLINICAL NUTRITION		0.000000	0		0	0	76.02	
76.97	07697	CARDIAC REHABILITATION		0.000000	0		0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0		0	0	90.00	
91.00	09100	EMERGENCY		0.000000	668,644		0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	196,185		0	0	92.00	
93.00	04950	ANTICOAGULATION CLINIC		0.000000	0		0	0	93.00	
200.00		Total (lines 50 through 199)			12,060,375		0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0030		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/28/2019 3:46 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.217901	0	0	590,224	0	50.00
51.00	05100	RECOVERY ROOM	0.169923	0	0	308,585	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309815	0	0	1,886,816	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026763	0	0	162,948	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156907	0	0	1,908,202	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150081	0	0	244,877	0	55.00
57.00	05700	CT SCAN	0.034548	0	0	1,922,938	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059755	0	0	146,857	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143154	0	0	15,820	0	59.00
60.00	06000	LABORATORY	0.104200	0	0	2,344,752	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.433248	0	0	392,582	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200074	0	0	56,267	0	65.00
66.00	06600	PHYSICAL THERAPY	0.281361	0	0	157,307	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238031	0	0	20,471	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.317438	0	0	10,510	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105238	0	0	369,320	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.299498	0	0	30,993	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488811	0	0	101,798	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.434564	0	0	38,019	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171546	0	0	2,471,202	0	73.00
74.00	07400	RENAL DIALYSIS	0.435747	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0.696874	0	0	10,874	0	76.00
76.01	03951	DIABETIC CENTER	0.898236	0	0	29,624	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.488323	0	0	5,637	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.195434	0	0	4,012,287	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.266353	0	0	700,497	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.272049	0	0	8,332	0	93.00
200.00		Subtotal (see instructions)		0	0	17,947,739	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	17,947,739	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/28/2019 3:46 pm

			Title XIX		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
			ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	128,610		50.00
51.00	05100	RECOVERY ROOM	0	52,436		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	584,564		52.00
53.00	05300	ANESTHESIOLOGY	0	4,361		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	299,410		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	36,751		55.00
57.00	05700	CT SCAN	0	66,434		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,775		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,265		59.00
60.00	06000	LABORATORY	0	244,323		60.00
64.00	06400	INTRAVENOUS THERAPY	0	170,085		64.00
65.00	06500	RESPIRATORY THERAPY	0	11,258		65.00
66.00	06600	PHYSICAL THERAPY	0	44,260		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,873		67.00
68.00	06800	SPEECH PATHOLOGY	0	3,336		68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,866		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,282		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,760		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,522		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	423,925		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	WOUND CARE CENTER	0	7,578		76.00
76.01	03951	DIABETIC CENTER	0	26,609		76.01
76.02	03952	CLINICAL NUTRITION	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	0	2,753		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	784,137		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	186,579		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	2,267		93.00
200.00		Subtotal (see instructions)	0	3,210,019		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	3,210,019		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 3:46 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		55,813	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		55,813	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)		48,177	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		21,085	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,723,845	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)		60,723,845	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)		60,723,845	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,087.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,940,269	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)		22,940,269	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	12,704,395	5,705	2,226.89	2,327	5,181,973
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					34,432,971
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					62,555,213
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,307,612
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,160,653
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,468,265
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					56,086,948
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					7,636
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,087.99
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,307,892

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	7,396,047	60,723,845	0.121798	8,307,892	1,011,885
91.00	Nursing School cost	0	60,723,845	0.000000	8,307,892	0
92.00	Allied health cost	0	60,723,845	0.000000	8,307,892	0
93.00	All other Medical Education	0	60,723,845	0.000000	8,307,892	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Title XIX	Hospital	PPS	
				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			55,813	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			55,813	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)			48,177	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)			1,057	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)			6,715	15.00
16.00	Nursery days (title V or XIX only)			3,173	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			60,723,845	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)			60,723,845	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)			60,723,845	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,087.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,150,005	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)			1,150,005	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,403,365	6,715	655.75	3,173	2,080,695	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,704,395	5,705	2,226.89	151	336,260	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)					2,238,893	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,805,853	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)					375,037	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					217,922	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					592,959	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,212,894	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)					7,636	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,087.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,307,892	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Title XIX		Hospital	PPS	
		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	7,396,047	60,723,845	0.121798	8,307,892	1,011,885
91.00	Nursing School cost	0	60,723,845	0.000000	8,307,892	0
92.00	Allied health cost	0	60,723,845	0.000000	8,307,892	0
93.00	All other Medical Education	0	60,723,845	0.000000	8,307,892	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 3:46 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		70,712,903		30.00
31.00	03100	INTENSIVE CARE UNIT		20,150,231		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.217901	15,806,204	3,444,188	50.00
51.00	05100	RECOVERY ROOM	0.169923	5,048,386	857,837	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309815	67,531	20,922	52.00
53.00	05300	ANESTHESIOLOGY	0.026763	3,932,585	105,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156907	10,471,744	1,643,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150081	235,822	35,392	55.00
57.00	05700	CT SCAN	0.034548	13,042,417	450,589	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059755	3,236,326	193,387	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143154	7,796,946	1,116,164	59.00
60.00	06000	LABORATORY	0.104200	24,901,736	2,594,761	60.00
64.00	06400	INTRAVENOUS THERAPY	0.433248	288,301	124,906	64.00
65.00	06500	RESPIRATORY THERAPY	0.200074	8,215,632	1,643,734	65.00
66.00	06600	PHYSICAL THERAPY	0.281361	3,111,505	875,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238031	1,550,379	369,038	67.00
68.00	06800	SPEECH PATHOLOGY	0.317438	382,207	121,327	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105238	10,188,307	1,072,197	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.299498	149,997	44,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488811	8,673,187	4,239,549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.434564	12,704,837	5,521,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171546	37,092,221	6,363,022	73.00
74.00	07400	RENAL DIALYSIS	0.435747	1,134,340	494,285	74.00
76.00	03950	WOUND CARE CENTER	0.696874	34,518	24,055	76.00
76.01	03951	DIABETIC CENTER	0.898236	966	868	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.488323	681	333	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
91.00	09100	EMERGENCY	0.195434	11,393,002	2,226,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.266353	3,184,586	848,224	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.272049	6,725	1,830	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		182,651,088	34,432,971	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		182,651,088		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 3:46 pm
			Title XIX	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,298,897	30.00
31.00	03100	INTENSIVE CARE UNIT		1,342,245	31.00
43.00	04300	NURSERY		5,263,475	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217901	475,740	50.00
51.00	05100	RECOVERY ROOM	0.169923	180,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309815	2,030,129	52.00
53.00	05300	ANESTHESIOLOGY	0.026763	267,456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156907	538,162	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.150081	16,968	55.00
57.00	05700	CT SCAN	0.034548	795,520	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.059755	243,441	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143154	320,161	59.00
60.00	06000	LABORATORY	0.104200	2,217,859	60.00
64.00	06400	INTRAVENOUS THERAPY	0.433248	20,609	64.00
65.00	06500	RESPIRATORY THERAPY	0.200074	424,786	65.00
66.00	06600	PHYSICAL THERAPY	0.281361	63,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238031	51,987	67.00
68.00	06800	SPEECH PATHOLOGY	0.317438	19,882	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105238	311,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.299498	7,622	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.488811	350,813	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.434564	161,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171546	2,662,916	73.00
74.00	07400	RENAL DIALYSIS	0.435747	34,270	74.00
76.00	03950	WOUND CARE CENTER	0.696874	1,040	76.00
76.01	03951	DIABETIC CENTER	0.898236	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.488323	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.195434	668,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.266353	196,185	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.272049	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,060,375	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)		12,060,375	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 3:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	48,123,751		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	0		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0		1.04
2.00	Outlier payments for discharges. (see instructions)	903,159		2.00
2.01	Outlier reconciliation amount	0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		2.02
3.00	Managed Care Simulated Payments	11,307,063		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	234.08		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.12	31.00
32.00	Sum of lines 30 and 31		20.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.26	33.00
34.00	Disproportionate share adjustment (see instructions)		753,137	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 3:46 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000343180	0.000401041	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,322,193	3,317,761	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,736,873	836,258	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,573,131		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	52,353,178		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		52,353,178	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,188,810	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		56,541,988	59.00
60.00	Primary payer payments		28,069	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		56,513,919	61.00
62.00	Deductibles billed to program beneficiaries		4,770,468	62.00
63.00	Coinurance billed to program beneficiaries		161,386	63.00
64.00	Allowable bad debts (see instructions)		628,479	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		408,511	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		463,879	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		51,990,576	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		273,703	70.93
70.94	HRR adjustment amount (see instructions)		-287,346	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 3:46 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		51,976,933	71.00	
71.01	Sequestration adjustment (see instructions)		1,039,539	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		50,957,888	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-20,494	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,084,546	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	1.0092613236	1.0077791800	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.9934	0.9960	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 3:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,933	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,288,332	2.00
3.00	OPPS payments		34,642,634	3.00
4.00	Outlier payment (see instructions)		92,910	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)		29,933	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		180,831	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)		180,831	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		180,831	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		150,898	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)		29,933	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		34,735,544	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,428,268	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		28,337,209	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		28,337,209	30.00
31.00	Primary payer payments		5,593	31.00
32.00	Subtotal (line 30 minus line 31)		28,331,616	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)		766,494	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		498,221	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		574,041	36.00
37.00	Subtotal (see instructions)		28,829,837	37.00
38.00	MSP-LCC reconciliation amount from PS&R		12	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		28,829,825	40.00
40.01	Sequestration adjustment (see instructions)		576,597	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		28,225,096	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		28,132	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 3:46 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		51,021,055		28,225,096	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	07/16/2018	63,167		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-63,167		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		50,957,888		28,225,096	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		28,132	6.01	
6.02	SETTLEMENT TO PROGRAM		20,494		0	6.02	
7.00	Total Medicare program liability (see instructions)		50,937,394		28,253,228	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: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet E-1
Part II
Date/Time Prepared:
5/28/2019 3:46 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0030

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

Worksheet G

Date/Time Prepared:
5/28/2019 3:46 pm

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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0030

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 3:46 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		5,014,483,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		24,812,200				2.00
3.00	Total (sum of line 1 and line 2)		5,039,295,200		0		3.00
4.00	NET INCOME OTHER SYSTEM FACILITIES	5,203,681,800		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		5,203,681,800		0		10.00
11.00	Subtotal (line 3 plus line 10)		10,242,977,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,242,977,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	NET INCOME OTHER SYSTEM FACILITIES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 3:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	171,825,718		171,825,718	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	171,825,718		171,825,718	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	44,982,485		44,982,485	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)	44,982,485		44,982,485	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	216,808,203		216,808,203	17.00
18.00	Ancillary services	462,072,761	575,058,657	1,037,131,418	18.00
19.00	Outpatient services	0	134,622,633	134,622,633	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	678,880,964	709,681,290	1,388,562,254	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		307,337,231		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		307,337,231		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0030

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 3:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,388,562,254	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,062,735,228	2.00
3.00	Net patient revenues (line 1 minus line 2)	325,827,026	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	307,337,231	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,489,795	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	50	6.00
7.00	Income from investments	68,854	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	645,658	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	6,921	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	128,763	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	775,391	23.00
24.00	CAPITATION REVENUE & OTHER	4,696,768	24.00
25.00	Total other income (sum of lines 6-24)	6,322,405	25.00
26.00	Total (line 5 plus line 25)	24,812,200	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,812,200	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0030

Period:
From 01/01/2018
To 12/31/2018Worksheet L
Parts I-III
Date/Time Prepared:
5/28/2019 3:46 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	3,918,848	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	102,627	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	149.90	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	18.12	8.00
9.00	Sum of lines 7 and 8	20.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.27	10.00
11.00	Disproportionate share adjustment (see instructions)	167,335	11.00
12.00	Total prospective capital payments (see instructions)	4,188,810	12.00
			1.00
PART II - PAYMENT UNDER REASONABLE COST			
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
			1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS			
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00