

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050

EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0063

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

Worksheet S
Parts I-III
Date/Time Prepared:
11/26/2018 3:06 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date:	Time:
	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 OAK PARK HOSPITAL (14-0063) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)_____
Title_____
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	156,998	147,309	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	11,192	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	13		0	7.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	168,190	147,322	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: 14-0063		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 3:06 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 520 SOUTH MAPLE			PO Box:				1.00	
2.00	City: OAK PARK			State: IL		Zip Code: 60603-		County: COOK	
		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			OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF			OAK PARK HOSPITAL	14T063	16974	5	01/01/1992	N
				REHABILITATION UNI				P	O
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N
								P	N
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								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018	20.00
21.00	Type of Control (see instructions)						2		21.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			433	139	0	0	1,828	0
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	32	0	0	180	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0063		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 3:06 pm	
			Urban/Rural S		Date of Geogr			
			1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				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.		0				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.		N				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
			Y/N		Y/N			
			1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		Y		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.		Y					
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N					
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N					
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	
			Y/N		IME		Direct GME	
			1.00		2.00		3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N		0.00		0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			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
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
	1.00	2.00	3.00	4.00	5.00	
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
	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			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.				Y	75.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 3:06 pm	
			1.00	2.00	3.00
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)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 3:06 pm	
		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
						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
						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
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.				2		118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		0	
						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							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0063		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 3:06 pm	
			1.00		2.00			
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)			N				140.00
			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:			Contractor's Name:		Contractor's Number:		141.00
142.00	Street:			PO Box:				142.00
143.00	City:			State:		Zip Code:		143.00
1.00								
144.00	Are provider based physicians' costs included in Worksheet A?					Y		144.00
1.00								
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	
			1.00		2.00		3.00	
			4.00		Title XIX			
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		155.00
156.00	Subprovider - IPF			N		N		156.00
157.00	Subprovider - IRF			N		N		157.00
158.00	SUBPROVIDER							158.00
159.00	SNF			N		N		159.00
160.00	HOME HEALTH AGENCY			N		N		160.00
161.00	CMHC			N		N		161.00
161.10	CORF			N		N		161.10
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	
			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
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
168.01	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)			07/01/2017		06/30/2018		170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0063	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 3:06 pm
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 3:06 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)	N		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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 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.	Y		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	08/31/2018	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/26/2018 3:06 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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	K. MICHAEL	NICHOLS		41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH UNIVERSITY MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(312) 563-4410	KMICHAEL_NICHOLS@RUSH.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 3:06 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ASSOCIATE VP-REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part IX
Date/Time Prepared:
11/26/2018 3:06 pm

		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/26/2018 3:06 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 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	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	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						13.00
14.00 Total (see instructions)		165	60,225	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,140		0	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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				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: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,198	471	11,836		1.00
2.00	HMO and other (see instructions)	1,375	1,828			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	180			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)	6,198	471	11,836		7.00
8.00	INTENSIVE CARE UNIT	1,098	101	2,428		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)	7,296	572	14,264	6.07	753.65
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	457	32	792	0.00	8.25
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY	3,725	0	5,320	0.00	24.32
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)	0	0	0		24.10
25.00	CMHC - CMHC					25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				6.07	786.22
28.00	Observation Bed Days		0	1,595		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	0	0		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: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/26/2018 3:06 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	1,898	103	4,078	1.00
2.00 HMO and other (see instructions)			318	17		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	1,898	103	4,078	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	30	1	54	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	59,429,019	0	59,429,019	1,639,840.61	36.24	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		424,373	0	424,373	7,528.37	56.37	3.00
4.00	Physician-Part A - Administrative		120,833	0	120,833	1,948.21	62.02	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		3,953,452	0	3,953,452	22,072.81	179.11	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		236,583	0	236,583	4,441.21	53.27	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		256,748	0	256,748	11,304.69	22.71	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,445,134	0	1,445,134	50,726.21	28.49	9.00
10.00	Excluded area salaries (see instructions)		8,995,485	0	8,995,485	196,351.25	45.81	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		971,846	0	971,846	26,808.68	36.25	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		38,245	0	38,245	636.36	60.10	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		10,146,200	0	10,146,200			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,136,387	0	2,136,387			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		77,973	0	77,973			21.00
22.00	Physician Part A - Administrative		21,308	0	21,308			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		241,414	0	241,414			23.00
24.00	Wage-related costs (RHC/FQHC)		44,330	0	44,330			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	450,148	0	450,148	12,478.08	36.08
27.00	Administrative & General	5.00	6,039,335	0	6,039,335	152,559.53	39.59
28.00	Administrative & General under contract (see inst.)		113,031	0	113,031	412.20	274.21
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	842,464	0	842,464	24,544.60	34.32
31.00	Laundry & Linen Service	8.00	75,399	0	75,399	4,959.72	15.20
32.00	Housekeeping	9.00	590,698	0	590,698	54,315.56	10.88
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	653,140	-440,731	212,409	7,301.02	29.09
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	440,731	440,731	36,499.97	12.07
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,766,639	0	1,766,639	41,047.65	43.04
39.00	Central Services and Supply	14.00	408,212	0	408,212	19,948.98	20.46
40.00	Pharmacy	15.00	1,265,400	0	1,265,400	29,042.23	43.57
41.00	Medical Records & Medical Records Library	16.00	672,065	0	672,065	25,642.33	26.21
42.00	Social Service	17.00	614,577	0	614,577	16,933.95	36.29
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/26/2018 3:06 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	54,670,894	0	54,670,894	1,594,905.73	34.28	1.00
2.00	Excluded area salaries (see instructions)	10,440,619	0	10,440,619	247,077.46	42.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	44,230,275	0	44,230,275	1,347,828.27	32.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,010,091	0	1,010,091	27,445.04	36.80	4.00
5.00	Subtotal wage-related costs (see inst.)	10,167,508	0	10,167,508	0.00	22.99	5.00
6.00	Total (sum of lines 3 thru 5)	55,407,874	0	55,407,874	1,375,273.31	40.29	6.00
7.00	Total overhead cost (see instructions)	13,491,108	0	13,491,108	425,685.82	31.69	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part IV
Date/Time Prepared:
11/26/2018 3:06 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,137,391	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,674,468	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	4,113,539	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	416,138	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	415,499	14.00
15.00	'Workers' Compensation Insurance	586,010	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	4,075,632	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	81,969	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	166,966	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,667,612	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: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
11/26/2018 3:06 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	971,846	12,667,612	1.00
2.00	Hospital	971,846	12,667,612	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-7

Date/Time Prepared:
11/26/2018 3:06 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	209	0	209 12.00
13.00		RUB	220	0	220 13.00
14.00		RUA	1,511	0	1,511 14.00
15.00		RVC	221	0	221 15.00
16.00		RVB	182	0	182 16.00
17.00		RVA	1,040	0	1,040 17.00
18.00		RHC	58	0	58 18.00
19.00		RHB	33	0	33 19.00
20.00		RHA	157	0	157 20.00
21.00		RMC	6	0	6 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	12	0	12 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	15	0	15 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	5	0	5 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	19	0	19 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	13	0	13 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-7

Date/Time Prepared:
11/26/2018 3:06 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	4	0	4	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	8	0	8	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	12	0	12	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,725	0	3,725	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES					
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		4,136,300			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0063	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/26/2018 3:06 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)			0.239853 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	7,780,514		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	2,936,639		5.00
6.00	Medicaid charges	64,698,422		6.00
7.00	Medicaid cost (line 1 times line 6)	15,518,111		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	4,800,958		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	4,800,958		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)	9,869,153	869,356	10,738,509 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,367,146	869,356	3,236,502 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)	2,367,146	869,356	3,236,502 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)	6,257,012		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	729,976		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,123,041		27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,133,971		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,624,463		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,860,965		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	9,661,923		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		3,553,987	3,553,987	-1,756,469	1,797,518	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		30,079	30,079	2,571,957	2,602,036	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	450,148	13,570,958	14,021,106	-5,305	14,015,801	4.00
5.01	00540	NONPATIENT TELEPHONES	0	241,240	241,240	-600	240,640	5.01
5.02	00550	DATA PROCESSING	488,122	752,558	1,240,680	0	1,240,680	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	437,662	99,024	536,686	-6,852	529,834	5.03
5.04	00570	ADMITTING	846,113	144,887	991,000	-1,080	989,920	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	4,267,438	13,919,265	18,186,703	-27,642	18,159,061	5.06
7.00	00700	OPERATION OF PLANT	842,464	5,650,163	6,492,627	-960	6,491,667	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	75,399	16,943	92,342	0	92,342	8.00
9.00	00900	HOUSEKEEPING	590,698	801,629	1,392,327	-1,200	1,391,127	9.00
10.00	01000	DIETARY	653,140	1,498,962	2,152,102	-1,459,147	692,955	10.00
11.00	01100	CAFETERIA	0	0	0	1,452,213	1,452,213	11.00
13.00	01300	NURSING ADMINISTRATION	1,766,639	260,553	2,027,192	-3,720	2,023,472	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	408,212	909,109	1,317,321	-362,773	954,548	14.00
15.00	01500	PHARMACY	1,265,400	3,236,313	4,501,713	-3,009,648	1,492,065	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	672,065	331,004	1,003,069	-5,400	997,669	16.00
17.00	01700	SOCIAL SERVICE	614,577	40,226	654,803	-3,540	651,263	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	30,000	315,929	345,929	0	345,929	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,071,341	654,737	6,726,078	-45,432	6,680,646	30.00
31.00	03100	INTENSIVE CARE UNIT	2,502,808	304,491	2,807,299	-31,755	2,775,544	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	495,336	49,576	544,912	-13,823	531,089	41.00
44.00	04400	SKILLED NURSING FACILITY	1,445,134	169,423	1,614,557	-49,111	1,565,446	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,022,867	13,270,925	16,293,792	-8,169,484	8,124,308	50.00
50.01	05001	ENDOSCOPY	690,905	561,821	1,252,726	-197,970	1,054,756	50.01
51.00	05100	RECOVERY ROOM	934,628	49,860	984,488	0	984,488	51.00
53.00	05300	ANESTHESIOLOGY	424,373	499,543	923,916	0	923,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,536,240	2,301,635	5,837,875	-353,178	5,484,697	54.00
56.00	05600	RADIOISOTOPE	643,416	538,964	1,182,380	-54,993	1,127,387	56.00
56.01	05602	ULTRASOUND/VASC LAB	560,244	81,200	641,444	0	641,444	56.01
57.00	05700	CT SCAN	679,392	402,473	1,081,865	0	1,081,865	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,863,144	2,623,819	4,486,963	-11,588	4,475,375	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	177,071	297,834	474,905	0	474,905	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	884,398	239,882	1,124,280	-20,376	1,103,904	65.00
66.00	06600	PHYSICAL THERAPY	1,223,491	59,817	1,283,308	-1,800	1,281,508	66.00
67.00	06700	OCCUPATIONAL THERAPY	593,030	11,270	604,300	0	604,300	67.00
68.00	06800	SPEECH PATHOLOGY	120,002	5,879	125,881	0	125,881	68.00
69.00	06900	ELECTROCARDIOLOGY	498,690	91,550	590,240	-1,665	588,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,009	18,379	78,388	0	78,388	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	362,755	362,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,501,476	8,501,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,724,694	2,724,694	73.00
74.00	07400	RENAL DIALYSIS	0	363,082	363,082	0	363,082	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,302,731	511,575	1,814,306	-4,020	1,810,286	90.00
90.01	09001	WOUND CARE	628,454	226,962	855,416	-6,369	849,047	90.01
90.02	09002	PULMONARY REHAB	150,529	7,073	157,602	0	157,602	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	192,015	192,015	-15	192,000	90.04
91.00	09100	EMERGENCY	9,012,560	937,412	9,949,972	-7,180	9,942,792	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,928,870	69,844,026	120,772,896	0	120,772,896	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,500,149	2,200,865	10,701,014	0	10,701,014	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	59,429,019	72,044,891	131,473,910	0	131,473,910	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/26/2018 3:06 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	-603,433	1,194,085	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,602,036	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,015,801	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,938	121,702	5.01
5.02	00550	DATA PROCESSING	-1,075	1,239,605	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	529,834	5.03
5.04	00570	ADMITTING	0	989,920	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	-4,233,069	13,925,992	5.06
7.00	00700	OPERATION OF PLANT	0	6,491,667	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	92,342	8.00
9.00	00900	HOUSEKEEPING	0	1,391,127	9.00
10.00	01000	DIETARY	0	692,955	10.00
11.00	01100	CAFETERIA	-401,299	1,050,914	11.00
13.00	01300	NURSING ADMINISTRATION	-11,253	2,012,219	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-65,028	889,520	14.00
15.00	01500	PHARMACY	0	1,492,065	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	997,669	16.00
17.00	01700	SOCIAL SERVICE	0	651,263	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	345,929	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,680,646	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,775,544	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	531,089	41.00
44.00	04400	SKILLED NURSING FACILITY	0	1,565,446	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	8,124,308	50.00
50.01	05001	ENDOSCOPY	0	1,054,756	50.01
51.00	05100	RECOVERY ROOM	0	984,488	51.00
53.00	05300	ANESTHESIOLOGY	0	923,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-27,505	5,457,192	54.00
56.00	05600	RADIOISOTOPE	-50,763	1,076,624	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	641,444	56.01
57.00	05700	CT SCAN	0	1,081,865	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-52,581	4,422,794	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-204	474,701	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-29,056	1,074,848	65.00
66.00	06600	PHYSICAL THERAPY	0	1,281,508	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	604,300	67.00
68.00	06800	SPEECH PATHOLOGY	0	125,881	68.00
69.00	06900	ELECTROCARDIOLOGY	0	588,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	78,388	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	362,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,501,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,724,694	73.00
74.00	07400	RENAL DIALYSIS	0	363,082	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-653,644	1,156,642	90.00
90.01	09001	WOUND CARE	-24,000	825,047	90.01
90.02	09002	PULMONARY REHAB	-5,190	152,412	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	-192,000	0	90.04
91.00	09100	EMERGENCY	-3,251,998	6,690,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,721,036	111,051,860	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	10,701,014	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,721,036	121,752,874	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0063

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

Worksheet Non-CMS W

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02	DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMIN & GENERAL	00590		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
44.00	SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	ENDOSCOPY	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
56.01	ULTRASOUND/VASC LAB	05602		56.01
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP LAB	07001		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	WOUND CARE	09001		90.01
90.02	PULMONARY REHAB	09002		90.02
90.03	SPINE CENTER	09003		90.03
90.04	RUSH HEART CENTER	09005		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet Non-CMS W
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT FLOWER COFFEE SHOP & CANTEEN	19000		190.00
190.01	ADC	19001		190.01
192.00	PHYSICIANS PRIVATE OFFICES	19200		192.00
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	362,755		1.00
	0		0	362,755		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	440,731	1,011,482		1.00
	0		440,731	1,011,482		
	C - RENTALS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	815,488		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
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	815,488		
	D - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,756,469		1.00
	0		0	1,756,469		
	E - DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,724,694		1.00
	0		0	2,724,694		
	F - HEART CENTER RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	0	15		1.00
	0		0	15		
	G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,501,476		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
	0		0	8,501,476		
500.00	Grand Total:Increases		440,731	15,172,379		500.00

RECLASSIFICATIONS

Provider CCN: 14-0063

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

Worksheet A-6

Date/Time Prepared:
11/26/2018 3:06 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - CHARGEABLE MED SUPPLIES						
	CENTRAL SERVICES & SUPPLY	14.00	0	362,755	0		1.00
	0		0	362,755			
1.00	B - CAFETERIA						
	DIETARY	10.00	440,731	1,011,482	0		1.00
	0		440,731	1,011,482			
1.00	C - RENTALS						
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,305	10		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	600	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	6,852	0		3.00
4.00	ADMITTING	5.04	0	1,080	0		4.00
5.00	OTHER ADMIN & GENERAL	5.06	0	27,642	0		5.00
6.00	OPERATION OF PLANT	7.00	0	960	0		6.00
7.00	HOUSEKEEPING	9.00	0	1,200	0		7.00
8.00	DIETARY	10.00	0	6,934	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	3,720	0		9.00
10.00	PHARMACY	15.00	0	284,954	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,400	0		11.00
12.00	SOCIAL SERVICE	17.00	0	3,540	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	45,432	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	31,755	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	13,823	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	49,111	0		16.00
17.00	OPERATING ROOM	50.00	0	63,802	0		17.00
18.00	ENDOSCOPY	50.01	0	197,970	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,140	0		19.00
20.00	LABORATORY	60.00	0	11,588	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	20,376	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	1,800	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,680	0		23.00
24.00	CLINIC	90.00	0	4,020	0		24.00
25.00	WOUND CARE	90.01	0	2,640	0		25.00
26.00	EMERGENCY	91.00	0	4,164	0		26.00
	0		0	815,488			
1.00	D - EQUIPMENT DEPRECIATION						
	CAP REL COSTS-BLDG & FIXT	1.00	0	1,756,469	9		1.00
	0		0	1,756,469			
1.00	E - DRUGS SOLD						
	PHARMACY	15.00	0	2,724,694	0		1.00
	0		0	2,724,694			
1.00	F - HEART CENTER RECLASS						
	RUSH HEART CENTER	90.04	0	15	0		1.00
	0		0	15			
1.00	G - IMPLANTS						
	CENTRAL SERVICES & SUPPLY	14.00	0	18	0		1.00
2.00	OPERATING ROOM	50.00	0	8,105,682	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	334,038	0		3.00
4.00	RADIOISOTOPE	56.00	0	54,993	0		4.00
5.00	WOUND CARE	90.01	0	3,729	0		5.00
6.00	EMERGENCY	91.00	0	3,016	0		6.00
	0		0	8,501,476			
500.00	Grand Total: Decreases		440,731	15,172,379			500.00

RECLASSIFICATIONS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/26/2018 3:06 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - CHARGEABLE MED SUPPLIES									
1.00	MEDICAL SUPPLIES	71.00	0	362,755	CENTRAL SERVICES & SUPPLY	14.00	0	362,755	1.00
	CHARGED TO PATIENT								
	0		0	362,755	0		0	362,755	
B - CAFETERIA									
1.00	CAFETERIA	11.00	440,731	1,011,482	DIETARY	10.00	440,731	1,011,482	1.00
	0		440,731	1,011,482	0		440,731	1,011,482	
C - RENTALS									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	815,488	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,305	1.00
2.00		0.00	0		NONPATIENT TELEPHONES	5.01	0	600	2.00
3.00		0.00	0		PURCHASING RECEIVING AND STORES	5.03	0	6,852	3.00
4.00		0.00	0		ADMITTING	5.04	0	1,080	4.00
5.00		0.00	0		OTHER ADMIN & GENERAL	5.06	0	27,642	5.00
6.00		0.00	0		OPERATION OF PLANT	7.00	0	960	6.00
7.00		0.00	0		HOUSEKEEPING	9.00	0	1,200	7.00
8.00		0.00	0		DIETARY	10.00	0	6,934	8.00
9.00		0.00	0		NURSING ADMINISTRATION	13.00	0	3,720	9.00
10.00		0.00	0		PHARMACY	15.00	0	284,954	10.00
11.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	5,400	11.00
12.00		0.00	0		SOCIAL SERVICE	17.00	0	3,540	12.00
13.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	45,432	13.00
14.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	31,755	14.00
15.00		0.00	0		SUBPROVIDER - IRF	41.00	0	13,823	15.00
16.00		0.00	0		SKILLED NURSING FACILITY	44.00	0	49,111	16.00
17.00		0.00	0		OPERATING ROOM	50.00	0	63,802	17.00
18.00		0.00	0		ENDOSCOPY	50.01	0	197,970	18.00
19.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	19,140	19.00
20.00		0.00	0		LABORATORY	60.00	0	11,588	20.00
21.00		0.00	0		RESPIRATORY THERAPY	65.00	0	20,376	21.00
22.00		0.00	0		PHYSICAL THERAPY	66.00	0	1,800	22.00
23.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	1,680	23.00
24.00		0.00	0		CLINIC	90.00	0	4,020	24.00
25.00		0.00	0		WOUND CARE	90.01	0	2,640	25.00
26.00		0.00	0		EMERGENCY	91.00	0	4,164	26.00
	0		0	815,488	0		0	815,488	
D - EQUIPMENT DEPRECIATION									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,756,469	CAP REL COSTS-BLDG & FIXT	1.00	0	1,756,469	1.00
	0		0	1,756,469	0		0	1,756,469	
E - DRUGS SOLD									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,724,694	PHARMACY	15.00	0	2,724,694	1.00
	0		0	2,724,694	0		0	2,724,694	
F - HEART CENTER RECLASS									
1.00	ELECTROCARDIOLOGY	69.00	0	15	RUSH HEART CENTER	90.04	0	15	1.00
	0		0	15	0		0	15	
G - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,501,476	CENTRAL SERVICES & SUPPLY	14.00	0	18	1.00
2.00		0.00	0		OPERATING ROOM	50.00	0	8,105,682	2.00
3.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	334,038	3.00
4.00		0.00	0		RADIOISOTOPE	56.00	0	54,993	4.00
5.00		0.00	0		WOUND CARE	90.01	0	3,729	5.00
6.00		0.00	0		EMERGENCY	91.00	0	3,016	6.00
	0		0	8,501,476	0		0	8,501,476	
500.00	Grand Total: Increases		440,731	15,172,379	Grand Total: Decreases		440,731	15,172,379	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/26/2018 3:06 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	8,680,216	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	41,675,631	0	0	0	1,313,747	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	41,275,472	0	0	0	1,182,338	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	91,631,319	0	0	0	2,496,085	8.00
9.00	Reconciling Items	0	1,263,706	0	1,263,706	0	9.00
10.00	Total (line 8 minus line 9)	91,631,319	-1,263,706	0	-1,263,706	2,496,085	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,680,216	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	40,361,884	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	40,093,134	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	89,135,234	0				8.00
9.00	Reconciling Items	1,263,706	0				9.00
10.00	Total (line 8 minus line 9)	87,871,528	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/26/2018 3:06 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	3,511,582	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	24,684	0	5,395	0	2.00
3.00	Total (sum of lines 1-2)	3,511,582	24,684	0	5,395	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed 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	42,405	3,553,987				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	30,079				2.00
3.00	Total (sum of lines 1-2)	42,405	3,584,066				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
11/26/2018 3:06 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	49,042,100	0	49,042,100	0.550199	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,093,134	0	40,093,134	0.449801	0	2.00
3.00	Total (sum of lines 1-2)	89,135,234	0	89,135,234	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,151,680	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,756,469	840,172	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,908,149	840,172	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	42,405	1,194,085	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,395	0	0	2,602,036	2.00
3.00	Total (sum of lines 1-2)	0	5,395	0	42,405	3,796,121	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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	-118,938	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-9,062	OTHER ADMIN & GENERAL	5.06	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,145,452			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		0		0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-401,299	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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	-603,433	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
11/26/2018 3:06 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 #		
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	OTHER MISC	B	-160,026	OTHER ADMIN & GENERAL	5.06	0	33.00
33.01	SALE OF SILVER	B	-1,924	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02	PHYSICIAN RECRUITING	B	-82,550	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03	ER PHYSICIAN OPERATING INCOME	B	0	EMERGENCY	91.00	0	33.03
33.05	INFO CENTER	B	0	OTHER ADMIN & GENERAL	5.06	0	33.05
34.00	INTEREST INCOME	B	-343,280	OTHER ADMIN & GENERAL	5.06	0	34.00
34.01	MEDICAL EXEC INCOME	B	0	OTHER ADMIN & GENERAL	5.06	0	34.01
35.00	PULMONARY REHAB PROGRAM REVENUE	B	-5,190	PULMONARY REHAB	90.02	0	35.00
36.00	NSGO REVENUE	B	-11,253	NURSING ADMINISTRATION	13.00	0	36.00
38.00	DIABETES ENDOCRINE OPERATING INCOME	B	-1,050	CLINIC	90.00	0	38.00
40.00	BREAST CENTER CLIENT REVENUE	B	-50,763	RADIOISOTOPE	56.00	0	40.00
41.00	LAB CLIENT REVENUE	B	-52,581	LABORATORY	60.00	0	41.00
42.00	BLOOD BANK CLIENT REVENUE	B	-204	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	42.00
43.00	NUCLEAR MED CLIENT REVENUE	B	0	RADIOISOTOPE	56.00	0	43.00
44.00	DIAGNOSTIC CLIENT REVENUE	B	-777	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
45.00	OTHER OPERATING INCOME	B	-209,203	OTHER ADMIN & GENERAL	5.06	0	45.00
45.01	CPD REVENUE	B	-65,028	CENTRAL SERVICES & SUPPLY	14.00	0	45.01
45.02	GAIN/LOSS ON ASSET DISPOSAL	B	10,688	OTHER ADMIN & GENERAL	5.06	0	45.02
45.03	INFORMATION SERVICES OTHER OPERATING	B	-1,075	DATA PROCESSING	5.02	0	45.03
45.04	RT - CLIENT REVENUE	B	-29,000	RESPIRATORY THERAPY	65.00	0	45.04
45.05	PRROVIDER ASSESSMENT TAX	A	-3,439,636	OTHER ADMIN & GENERAL	5.06	0	45.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,721,036				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0063

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2018 3:06 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	54.00	RADIOLOGY-DIAGNOSTIC	24,804	24,804	0	271,900	0	1.00
2.00	65.00	RESPIRATORY THERAPY	56	56	0	211,500	0	2.00
3.00	90.00	CLINIC	687,594	652,594	35,000	211,500	520	3.00
4.00	90.01	WOUND CARE	24,000	24,000	0	211,500	0	4.00
5.00	91.00	EMERGENCY	3,337,831	3,251,998	85,833	211,500	1,428	5.00
6.00	31.00	INTENSIVE CARE UNIT	12,122	0	12,122	211,500	202	6.00
7.00	50.00	OPERATING ROOM	14,000	0	14,000	211,500	233	7.00
8.00	65.00	RESPIRATORY THERAPY	12,122	0	12,122	181,300	202	8.00
9.00	90.04	RUSH HEART CENTER	192,000	192,000	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,304,529	4,145,452	159,077		2,585	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	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	2.00
3.00	90.00	CLINIC	52,875	2,644	0	0	0	3.00
4.00	90.01	WOUND CARE	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	145,203	7,260	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	20,540	1,027	0	0	0	6.00
7.00	50.00	OPERATING ROOM	23,692	1,185	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	17,607	880	0	0	0	8.00
9.00	90.04	RUSH HEART CENTER	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			259,917	12,996	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	24,804		1.00
2.00	65.00	RESPIRATORY THERAPY	0	0	0	56		2.00
3.00	90.00	CLINIC	0	52,875	0	652,594		3.00
4.00	90.01	WOUND CARE	0	0	0	24,000		4.00
5.00	91.00	EMERGENCY	0	145,203	0	3,251,998		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	20,540	0	0		6.00
7.00	50.00	OPERATING ROOM	0	23,692	0	0		7.00
8.00	65.00	RESPIRATORY THERAPY	0	17,607	0	0		8.00
9.00	90.04	RUSH HEART CENTER	0	0	0	192,000		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	259,917	0	4,145,452		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,194,085	1,194,085			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,602,036		2,602,036		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,015,801	15,334	3,736	14,034,871	4.00
5.01	00540	NONPATIENT TELEPHONES	121,702	1,323	2,093	0	5.01
5.02	00550	DATA PROCESSING	1,239,605	12,210	195,154	116,155	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	529,834	36,105	10,339	104,148	5.03
5.04	00570	ADMITTING	989,920	9,213	10,954	201,344	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,660	50,664	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	13,925,992	52,776	76,259	1,015,497	5.06
7.00	00700	OPERATION OF PLANT	6,491,667	440,897	63,281	200,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	92,342	5,146	469	17,942	8.00
9.00	00900	HOUSEKEEPING	1,391,127	9,514	9,569	140,565	9.00
10.00	01000	DIETARY	692,955	45,397	16,312	50,546	10.00
11.00	01100	CAFETERIA	1,050,914	0	0	104,878	11.00
13.00	01300	NURSING ADMINISTRATION	2,012,219	10,803	44,250	420,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	889,520	23,109	40,557	97,140	14.00
15.00	01500	PHARMACY	1,492,065	6,761	15,389	301,120	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	997,669	18,255	59,204	159,927	16.00
17.00	01700	SOCIAL SERVICE	651,263	1,781	268	146,247	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	345,929	0	0	7,139	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,680,646	76,458	96,608	1,444,761	30.00
31.00	03100	INTENSIVE CARE UNIT	2,775,544	21,033	112,620	595,578	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	531,089	31,808	15,670	117,872	41.00
44.00	04400	SKILLED NURSING FACILITY	1,565,446	44,127	16,376	343,890	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,124,308	55,843	208,035	719,334	50.00
50.01	05001	ENDOSCOPY	1,054,756	11,432	77,561	164,411	50.01
51.00	05100	RECOVERY ROOM	984,488	4,536	9,108	222,408	51.00
53.00	05300	ANESTHESIOLOGY	923,916	1,076	46,717	100,985	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,457,192	40,555	442,689	841,498	54.00
56.00	05600	RADIOISOTOPE	1,076,624	39,493	365,284	153,110	56.00
56.01	05602	ULTRASOUND/VASC LAB	641,444	1,674	80,690	133,318	56.01
57.00	05700	CT SCAN	1,081,865	1,396	185,436	161,671	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	4,422,794	27,291	74,553	443,361	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	474,701	1,534	75	42,137	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,074,848	4,691	69,260	210,455	65.00
66.00	06600	PHYSICAL THERAPY	1,281,508	27,549	11,773	291,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	604,300	3,623	1,629	141,120	67.00
68.00	06800	SPEECH PATHOLOGY	125,881	657	190	28,556	68.00
69.00	06900	ELECTROCARDIOLOGY	588,575	3,379	47,025	118,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,388	683	2,218	14,280	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	362,755	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,501,476	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,724,694	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	363,082	0	134	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,156,642	51,276	26,345	310,003	90.00
90.01	09001	WOUND CARE	825,047	11,828	8,011	149,549	90.01
90.02	09002	PULMONARY REHAB	152,412	0	6,410	35,820	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,690,794	26,002	50,097	2,144,688	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,051,860	1,190,228	2,553,012	12,012,142	124,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,958	67	0	415	190.00
190.01	19001	ADC	0	0	10,726	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	10,701,014	899	38,231	2,022,729	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	121,752,874	1,194,085	2,602,036	14,034,871	125,118	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,565,614					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,477	691,223				5.03
5.04	00570	ADMITTING	13,806	2,401	1,230,335			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,096	0	72,400		5.05
5.06	00590	OTHER ADMIN & GENERAL	253,310	5,878	0	0	15,344,654	5.06
7.00	00700	OPERATION OF PLANT	90,449	886	0	0	7,294,296	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	54	0	0	117,239	8.00
9.00	00900	HOUSEKEEPING	19,397	52	0	0	1,571,054	9.00
10.00	01000	DIETARY	29,981	1,857	0	0	842,235	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,155,792	11.00
13.00	01300	NURSING ADMINISTRATION	28,241	857	0	0	2,519,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,352	57,772	0	0	1,127,902	14.00
15.00	01500	PHARMACY	62,713	17,429	0	0	1,897,552	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,974	1,760	0	0	1,258,259	16.00
17.00	01700	SOCIAL SERVICE	9,122	104	0	0	809,407	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,819	64	0	0	357,951	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,701	22,915	57,888	3,399	8,486,958	30.00
31.00	03100	INTENSIVE CARE UNIT	39,108	9,909	20,511	1,204	3,579,449	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,591	3,450	3,280	193	717,593	41.00
44.00	04400	SKILLED NURSING FACILITY	22,492	3,451	11,482	674	2,011,673	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	226,989	286,731	169,038	9,926	9,806,429	50.00
50.01	05001	ENDOSCOPY	17,452	20,062	30,876	1,813	1,382,098	50.01
51.00	05100	RECOVERY ROOM	13,715	453	23,954	1,407	1,260,069	51.00
53.00	05300	ANESTHESIOLOGY	12,871	38,398	50,484	2,964	1,177,411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,327	96,178	154,442	9,068	7,129,174	54.00
56.00	05600	RADIOISOTOPE	16,472	5,066	23,089	1,356	1,685,474	56.00
56.01	05602	ULTRASOUND/VASC LAB	8,936	2,179	19,417	1,140	889,628	56.01
57.00	05700	CT SCAN	15,071	4,199	87,555	5,141	1,542,956	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	62,508	27,169	194,679	11,588	5,271,620	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,616	1,108	6,885	404	533,460	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,662	10,477	17,738	1,042	1,406,248	65.00
66.00	06600	PHYSICAL THERAPY	17,878	4,335	18,946	1,112	1,655,908	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,419	3,120	8,917	524	772,067	67.00
68.00	06800	SPEECH PATHOLOGY	1,754	159	1,920	113	159,852	68.00
69.00	06900	ELECTROCARDIOLOGY	10,898	2,995	31,054	1,823	804,419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,092	210	659	39	97,776	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,181	69	364,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	73,939	4,342	8,579,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	69,442	4,077	2,798,213	73.00
74.00	07400	RENAL DIALYSIS	5,058	0	5,696	334	374,304	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	25,275	3,911	9,617	565	1,588,406	90.00
90.01	09001	WOUND CARE	11,917	9,471	9,377	551	1,026,166	90.01
90.02	09002	PULMONARY REHAB	2,196	123	1,171	69	198,201	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	138,613	30,545	127,098	7,463	9,219,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,416,538	678,824	1,230,335	72,400	108,814,360	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3	0	0	3,443	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
190.01	19001	ADC	0	606	0	0	11,332	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	149,076	11,790	0	0	12,923,739	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,565,614	691,223	1,230,335	72,400	121,752,874	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	15,344,654					5.06
7.00	00700	OPERATION OF PLANT	1,051,881	8,346,177				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,907	70,112	204,258			8.00
9.00	00900	HOUSEKEEPING	226,555	129,623	0	1,927,232		9.00
10.00	01000	DIETARY	121,455	618,533	0	59,804	1,642,027	10.00
11.00	01100	CAFETERIA	166,672	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	363,322	147,190	0	17,419	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	162,650	314,854	515	29,031	0	14.00
15.00	01500	PHARMACY	273,638	92,118	23	15,186	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	181,448	248,722	0	40,867	0	16.00
17.00	01700	SOCIAL SERVICE	116,721	24,264	0	4,109	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	51,619	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,223,870	1,041,732	46,635	392,415	1,014,248	30.00
31.00	03100	INTENSIVE CARE UNIT	516,178	286,572	11,373	97,813	104,030	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	103,481	433,379	5,420	102,949	67,868	41.00
44.00	04400	SKILLED NURSING FACILITY	290,095	601,235	15,221	139,350	455,881	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,414,146	760,862	34,952	234,573	0	50.00
50.01	05001	ENDOSCOPY	199,307	155,762	4,899	17,419	0	50.01
51.00	05100	RECOVERY ROOM	181,710	61,807	5,595	11,613	0	51.00
53.00	05300	ANESTHESIOLOGY	169,790	14,658	0	29,031	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,028,070	552,554	16,806	138,636	0	54.00
56.00	05600	RADIOISOTOPE	243,055	538,088	12,207	44,217	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	128,290	22,809	0	5,806	0	56.01
57.00	05700	CT SCAN	222,504	19,021	0	11,613	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	760,199	371,839	0	116,125	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	76,928	20,896	0	5,806	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	202,789	63,912	0	15,722	0	65.00
66.00	06600	PHYSICAL THERAPY	238,792	375,360	3,419	69,675	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,337	49,369	1,609	18,982	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,052	8,955	0	4,109	0	68.00
69.00	06900	ELECTROCARDIOLOGY	116,002	46,040	2,582	69,675	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,100	9,300	133	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,492	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,237,252	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	403,519	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	53,977	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	229,058	698,634	866	77,893	0	90.00
90.01	09001	WOUND CARE	147,979	161,158	738	69,675	0	90.01
90.02	09002	PULMONARY REHAB	28,582	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,329,470	354,273	41,265	81,913	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,478,892	8,293,631	204,258	1,921,426	1,642,027	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	497	40,299	0	5,806	0	190.00
190.01	19001	ADC	1,634	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,863,631	12,247	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,344,654	8,346,177	204,258	1,927,232	1,642,027	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,322,464					11.00
13.00	01300	NURSING ADMINISTRATION	40,294	3,087,688				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,574		1,654,526			14.00
15.00	01500	PHARMACY	28,501			2,307,018		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,163				1,754,459	16.00
17.00	01700	SOCIAL SERVICE	16,625					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	194,982	806,408	46,322		82,557	30.00
31.00	03100	INTENSIVE CARE UNIT	68,631	283,831	22,720		29,252	31.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF	16,892	69,886	7,127		4,678	41.00
44.00	04400	SKILLED NURSING FACILITY	49,795	205,951	6,892		16,376	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	91,481	378,337	481,758		241,074	50.00
50.01	05001	ENDOSCOPY	20,147		50,903		44,034	50.01
51.00	05100	RECOVERY ROOM	21,806	90,215	1,086		34,163	51.00
53.00	05300	ANESTHESIOLOGY	7,391	30,564	98,490		71,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,800		229,848		220,258	54.00
56.00	05600	RADIOISOTOPE	18,775		9,735		32,928	56.00
56.01	05602	ULTRASOUND/VASC LAB	13,739		5,421		27,692	56.01
57.00	05700	CT SCAN	17,322		10,087		124,867	57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY	66,113		59,023		277,451	60.00
60.01	06001	BLOOD LABORATORY						60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,282		2,896		9,819	62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY	25,614		26,667		25,297	65.00
66.00	06600	PHYSICAL THERAPY	29,525	122,070	9,483		27,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,701	60,799	7,688		12,717	67.00
68.00	06800	SPEECH PATHOLOGY	2,682	11,129	295		2,738	68.00
69.00	06900	ELECTROCARDIOLOGY	16,646	68,850	6,785		44,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,085		395		940	70.00
70.01	07001	SLEEP LAB						70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			149,919		1,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			270,840		105,449	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			40,819	2,307,018	99,034	73.00
74.00	07400	RENAL DIALYSIS					8,123	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	34,213	141,469	4,817		13,715	90.00
90.01	09001	WOUND CARE	15,663	64,742	23,192		13,374	90.01
90.02	09002	PULMONARY REHAB	4,382	18,124	294		1,670	90.02
90.03	09003	SPINE CENTER						90.03
90.04	09005	RUSH HEART CENTER						90.04
91.00	09100	EMERGENCY	177,782	735,313	67,905		181,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF						99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,146,606	3,087,688	1,641,407	2,307,018	1,754,459	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN						190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.01	19001	ADC	0	0	137	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	175,858	0	12,982	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,322,464	3,087,688	1,654,526	2,307,018	1,754,459	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	971,126				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		409,570		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	910,219	0	409,570	14,655,916	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,999,849	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	60,907	0	0	1,590,180	41.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	3,792,469	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	13,443,612	50.00
50.01	05001	ENDOSCOPY	0	0	0	1,874,569	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,668,064	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,599,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,417,146	54.00
56.00	05600	RADIOISOTOPE	0	0	0	2,584,479	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	0	1,093,385	56.01
57.00	05700	CT SCAN	0	0	0	1,948,370	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	6,922,370	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	655,087	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,766,249	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,531,252	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,049,269	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	212,812	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,175,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	123,729	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	568,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,193,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,648,603	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	436,404	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	2,789,071	90.00
90.01	09001	WOUND CARE	0	0	0	1,522,687	90.01
90.02	09002	PULMONARY REHAB	0	0	0	251,253	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	12,188,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	971,126	0	409,570	106,701,269	-409,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	50,045	0	190.00
190.01	19001	ADC	0	0	0	13,103	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	14,988,457	0	192.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	971,126	0	409,570	121,752,874	-409,570	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
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
70.01	07001	SLEEP LAB	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	121,343,304	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0063

Period:

From 07/01/2017

To 06/30/2018

Worksheet Non-CMS W

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALA RIE	4.00
5.01	NONPATIENT TELEPHONES	3	NBR OF PHO NES	5.01
5.02	DATA PROCESSING	4	# OF TERM	5.02
5.03	PURCHASING RECEIVING AND STORES	5	SUPPLIES E XPENSE	5.03
5.04	ADMITTING	C	GROSS CHARGES	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	5.05
5.06	OTHER ADMIN & GENERAL	-1	ACCUM. COST	5.06
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	HOURS OF SERVICE	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	PROD FTES	11.00
13.00	NURSING ADMINISTRATION	12	HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	14.00
15.00	PHARMACY	14	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	15	DAYS	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	16	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	17	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	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	15,334	3,736	19,070	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,323	2,093	3,416	5.01
5.02	00550	DATA PROCESSING	0	12,210	195,154	207,364	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	36,105	10,339	46,444	5.03
5.04	00570	ADMITTING	0	9,213	10,954	20,167	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,660	50,664	64,324	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	52,776	76,259	129,035	5.06
7.00	00700	OPERATION OF PLANT	0	440,897	63,281	504,178	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,146	469	5,615	8.00
9.00	00900	HOUSEKEEPING	0	9,514	9,569	19,083	9.00
10.00	01000	DIETARY	0	45,397	16,312	61,709	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	10,803	44,250	55,053	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,109	40,557	63,666	14.00
15.00	01500	PHARMACY	0	6,761	15,389	22,150	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,255	59,204	77,459	16.00
17.00	01700	SOCIAL SERVICE	0	1,781	268	2,049	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	76,458	96,608	173,066	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,033	112,620	133,653	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	31,808	15,670	47,478	41.00
44.00	04400	SKILLED NURSING FACILITY	0	44,127	16,376	60,503	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	55,843	208,035	263,878	50.00
50.01	05001	ENDOSCOPY	0	11,432	77,561	88,993	50.01
51.00	05100	RECOVERY ROOM	0	4,536	9,108	13,644	51.00
53.00	05300	ANESTHESIOLOGY	0	1,076	46,717	47,793	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,555	442,689	483,244	54.00
56.00	05600	RADIOISOTOPE	0	39,493	365,284	404,777	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	1,674	80,690	82,364	56.01
57.00	05700	CT SCAN	0	1,396	185,436	186,832	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	27,291	74,553	101,844	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,534	75	1,609	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,691	69,260	73,951	65.00
66.00	06600	PHYSICAL THERAPY	0	27,549	11,773	39,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,623	1,629	5,252	67.00
68.00	06800	SPEECH PATHOLOGY	0	657	190	847	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,379	47,025	50,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	683	2,218	2,901	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	134	134	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	51,276	26,345	77,621	90.00
90.01	09001	WOUND CARE	0	11,828	8,011	19,839	90.01
90.02	09002	PULMONARY REHAB	0	0	6,410	6,410	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	26,002	50,097	76,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,190,228	2,553,012	3,743,240	16,324	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,958	67	3,025	0	190.00
190.01	19001	ADC	0	0	10,726	10,726	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	899	38,231	39,130	2,746	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,194,085	2,602,036	3,796,121	19,070	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	3,416					5.01
5.02	00550	DATA PROCESSING	68	207,590				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	91	991	47,667			5.03
5.04	00570	ADMITTING	74	1,830	166	22,510		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	136	0	214	0	64,674	5.05
5.06	00590	OTHER ADMIN & GENERAL	405	33,601	405	0	0	5.06
7.00	00700	OPERATION OF PLANT	181	11,992	61	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	171	4	0	0	8.00
9.00	00900	HOUSEKEEPING	23	2,572	4	0	0	9.00
10.00	01000	DIETARY	142	3,975	128	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	74	3,744	59	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40	2,433	3,984	0	0	14.00
15.00	01500	PHARMACY	57	8,315	1,202	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	204	1,853	121	0	0	16.00
17.00	01700	SOCIAL SERVICE	17	1,209	7	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	639	4	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	289	12,423	1,580	1,064	3,045	30.00
31.00	03100	INTENSIVE CARE UNIT	108	5,185	683	377	1,079	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	181	1,006	238	60	173	41.00
44.00	04400	SKILLED NURSING FACILITY	102	2,982	238	211	604	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	170	30,095	19,773	3,106	8,890	50.00
50.01	05001	ENDOSCOPY	102	2,314	1,384	567	1,624	50.01
51.00	05100	RECOVERY ROOM	0	1,818	31	440	1,260	51.00
53.00	05300	ANESTHESIOLOGY	0	1,706	2,648	927	2,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	170	10,783	6,633	2,837	8,123	54.00
56.00	05600	RADIOISOTOPE	136	2,184	349	424	1,214	56.00
56.01	05602	ULTRASOUND/VASC LAB	23	1,185	150	357	1,021	56.01
57.00	05700	CT SCAN	17	1,998	290	1,609	4,605	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	210	8,287	1,874	3,482	10,203	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	877	76	126	362	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	57	2,077	723	326	933	65.00
66.00	06600	PHYSICAL THERAPY	45	2,370	299	348	996	66.00
67.00	06700	OCCUPATIONAL THERAPY	11	1,116	215	164	469	67.00
68.00	06800	SPEECH PATHOLOGY	17	233	11	35	101	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,445	207	571	1,633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	145	14	12	35	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22	62	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,358	3,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,276	3,652	73.00
74.00	07400	RENAL DIALYSIS	0	671	0	105	300	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	130	3,351	270	177	506	90.00
90.01	09001	WOUND CARE	11	1,580	653	172	493	90.01
90.02	09002	PULMONARY REHAB	0	291	8	22	62	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	108	18,378	2,106	2,335	6,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,405	187,825	46,812	22,510	64,674	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	11	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
190.01	19001	ADC	0	0	42	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	19,765	813	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,416	207,590	47,667	22,510	64,674	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	164,824					5.06
7.00	00700	OPERATION OF PLANT	11,299	527,983				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	182	4,435	10,431			8.00
9.00	00900	HOUSEKEEPING	2,434	8,200	0	32,507		9.00
10.00	01000	DIETARY	1,305	39,129	0	1,009	107,466	10.00
11.00	01100	CAFETERIA	1,790	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,903	9,311	0	294	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,747	19,918	26	490	0	14.00
15.00	01500	PHARMACY	2,939	5,827	1	256	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,949	15,734	0	689	0	16.00
17.00	01700	SOCIAL SERVICE	1,254	1,535	0	69	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	554	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,146	65,902	2,382	6,619	66,380	30.00
31.00	03100	INTENSIVE CARE UNIT	5,545	18,129	581	1,650	6,808	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,112	27,416	277	1,736	4,442	41.00
44.00	04400	SKILLED NURSING FACILITY	3,116	38,034	777	2,350	29,836	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,190	48,132	1,785	3,957	0	50.00
50.01	05001	ENDOSCOPY	2,141	9,854	250	294	0	50.01
51.00	05100	RECOVERY ROOM	1,952	3,910	286	196	0	51.00
53.00	05300	ANESTHESIOLOGY	1,824	927	0	490	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,043	34,955	858	2,338	0	54.00
56.00	05600	RADIOISOTOPE	2,611	34,040	623	746	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,378	1,443	0	98	0	56.01
57.00	05700	CT SCAN	2,390	1,203	0	196	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,166	23,523	0	1,959	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	826	1,322	0	98	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,178	4,043	0	265	0	65.00
66.00	06600	PHYSICAL THERAPY	2,565	23,745	175	1,175	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,196	3,123	82	320	0	67.00
68.00	06800	SPEECH PATHOLOGY	248	567	0	69	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246	2,912	132	1,175	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151	588	7	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	564	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,290	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,334	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	580	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,460	44,196	44	1,314	0	90.00
90.01	09001	WOUND CARE	1,590	10,195	38	1,175	0	90.01
90.02	09002	PULMONARY REHAB	307	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	14,281	22,411	2,107	1,382	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	144,786	524,659	10,431	32,409	107,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	5	2,549	0	98	0	190.00
190.01	19001	ADC	18	0	0	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	20,015	775	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	164,824	527,983	10,431	32,507	107,466	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,932					11.00
13.00	01300	NURSING ADMINISTRATION	59	73,068				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29	0	92,465			14.00
15.00	01500	PHARMACY	42	0	0	41,198		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	0	0	0	98,263	16.00
17.00	01700	SOCIAL SERVICE	24	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	284	19,082	2,589	0	4,629	30.00
31.00	03100	INTENSIVE CARE UNIT	100	6,717	1,270	0	1,640	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	25	1,654	398	0	262	41.00
44.00	04400	SKILLED NURSING FACILITY	73	4,874	385	0	918	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	134	8,953	26,923	0	13,518	50.00
50.01	05001	ENDOSCOPY	29	0	2,845	0	2,469	50.01
51.00	05100	RECOVERY ROOM	32	2,135	61	0	1,916	51.00
53.00	05300	ANESTHESIOLOGY	11	723	5,504	0	4,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149	0	12,846	0	12,351	54.00
56.00	05600	RADIOISOTOPE	27	0	544	0	1,846	56.00
56.01	05602	ULTRASOUND/VASC LAB	20	0	303	0	1,553	56.01
57.00	05700	CT SCAN	25	0	564	0	7,002	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	97	0	3,299	0	15,442	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8	0	162	0	551	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	37	0	1,490	0	1,419	65.00
66.00	06600	PHYSICAL THERAPY	43	2,889	530	0	1,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	21	1,439	430	0	713	67.00
68.00	06800	SPEECH PATHOLOGY	4	263	16	0	154	68.00
69.00	06900	ELECTROCARDIOLOGY	24	1,629	379	0	2,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	22	0	53	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,379	0	94	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	15,136	0	5,913	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,281	41,198	5,553	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	455	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	50	3,348	269	0	769	90.00
90.01	09001	WOUND CARE	23	1,532	1,296	0	750	90.01
90.02	09002	PULMONARY REHAB	6	429	16	0	94	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	260	17,401	3,795	0	10,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,675	73,068	91,732	41,198	98,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.01	19001	ADC	0	0	8	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	257	0	725	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,932	73,068	92,465	41,198	98,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	6,363				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,207		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,964			380,405	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0			184,333	0 31.00
40.00	04000	SUBPROVIDER - IPF	0			0	0 40.00
41.00	04100	SUBPROVIDER - IRF	399			87,017	0 41.00
44.00	04400	SKILLED NURSING FACILITY	0			145,470	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			445,480	0 50.00
50.01	05001	ENDOSCOPY	0			113,089	0 50.01
51.00	05100	RECOVERY ROOM	0			27,983	0 51.00
53.00	05300	ANESTHESIOLOGY	0			69,382	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			587,472	0 54.00
56.00	05600	RADIOISOTOPE	0			449,729	0 56.00
56.01	05602	ULTRASOUND/VASC LAB	0			90,076	0 56.01
57.00	05700	CT SCAN	0			206,950	0 57.00
58.00	05800	MRI	0			0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			0	0 59.00
60.00	06000	LABORATORY	0			178,988	0 60.00
60.01	06001	BLOOD LABORATORY	0			0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			6,074	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0			87,785	0 65.00
66.00	06600	PHYSICAL THERAPY	0			76,412	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			14,743	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			2,604	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			64,401	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			3,955	0 70.00
70.01	07001	SLEEP LAB	0			0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			9,121	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			39,586	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			58,294	0 73.00
74.00	07400	RENAL DIALYSIS	0			2,245	0 74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	0 89.00
90.00	09000	CLINIC	0			134,926	0 90.00
90.01	09001	WOUND CARE	0			39,550	0 90.01
90.02	09002	PULMONARY REHAB	0			7,694	0 90.02
90.03	09003	SPINE CENTER	0			0	0 90.03
90.04	09005	RUSH HEART CENTER	0			0	0 90.04
91.00	09100	EMERGENCY	0			180,442	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0			0	0 99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0 110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
111.00	11100	ISLET ACQUISITION	0			0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,363	0	0	3,694,206	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			5,688	0	190.00
190.01	19001	ADC	0			10,794	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0			84,226	0	192.00
200.00		Cross Foot Adjustments		0	1,207	1,207	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,363	0	1,207	3,796,121	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
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
70.01	07001	SLEEP LAB	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	1,207	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,796,121	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NBR OF PHO NES)	DATA PROCESSING (# OF TERM)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	425,111					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,902,083				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,459	2,731	58,978,871			4.00
5.01	00540	NONPATIENT TELEPHONES	471	1,530	0	603		5.01
5.02	00550	DATA PROCESSING	4,347	142,657	488,122	12	112,386,812	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	12,854	7,558	437,662	16	536,686	5.03
5.04	00570	ADMITTING	3,280	8,007	846,113	13	991,000	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,863	37,035	0	24	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	18,789	55,745	4,267,438	72	18,186,703	5.06
7.00	00700	OPERATION OF PLANT	156,966	46,258	842,464	32	6,492,627	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	75,399	0	92,342	8.00
9.00	00900	HOUSEKEEPING	3,387	6,995	590,698	4	1,392,327	9.00
10.00	01000	DIETARY	16,162	11,924	212,409	25	2,152,102	10.00
11.00	01100	CAFETERIA	0	0	440,731	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,846	32,347	1,766,639	13	2,027,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,227	29,647	408,212	7	1,317,321	14.00
15.00	01500	PHARMACY	2,407	11,249	1,265,400	10	4,501,713	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,499	43,278	672,065	36	1,003,069	16.00
17.00	01700	SOCIAL SERVICE	634	196	614,577	3	654,803	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	30,000	0	345,929	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,220	70,620	6,071,341	51	6,726,078	30.00
31.00	03100	INTENSIVE CARE UNIT	7,488	82,325	2,502,808	19	2,807,299	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,324	11,455	495,336	32	544,912	41.00
44.00	04400	SKILLED NURSING FACILITY	15,710	11,971	1,445,134	18	1,614,557	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,881	152,073	3,022,867	30	16,293,792	50.00
50.01	05001	ENDOSCOPY	4,070	56,697	690,905	18	1,252,725	50.01
51.00	05100	RECOVERY ROOM	1,615	6,658	934,628	0	984,488	51.00
53.00	05300	ANESTHESIOLOGY	383	34,150	424,373	0	923,915	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438	323,605	3,536,240	30	5,837,875	54.00
56.00	05600	RADIOISOTOPE	14,060	267,022	643,416	24	1,182,380	56.00
56.01	05602	ULTRASOUND/VASC LAB	596	58,984	560,244	4	641,444	56.01
57.00	05700	CT SCAN	497	135,553	679,392	3	1,081,864	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,716	54,498	1,863,144	37	4,486,963	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	55	177,071	0	474,905	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,670	50,629	884,398	10	1,124,279	65.00
66.00	06600	PHYSICAL THERAPY	9,808	8,606	1,223,491	8	1,283,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,290	1,191	593,030	2	604,300	67.00
68.00	06800	SPEECH PATHOLOGY	234	139	120,002	3	125,881	68.00
69.00	06900	ELECTROCARDIOLOGY	1,203	34,375	498,690	0	782,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	1,621	60,009	1	78,388	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	98	0	0	363,082	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,255	19,258	1,302,731	23	1,814,305	90.00
90.01	09001	WOUND CARE	4,211	5,856	628,454	2	855,416	90.01
90.02	09002	PULMONARY REHAB	0	4,686	150,529	0	157,602	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	9,257	36,621	9,012,560	19	9,949,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NBR OF PHO NES)	DATA PROCESSING (# OF TERM)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	423,738	1,866,246	50,478,722	601	101,685,798	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	320	27,947	8,500,149	0	10,701,014	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,194,085	2,602,036	14,034,871	125,118	1,565,614	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.808878	1.367993	0.237964	207.492537	0.013931	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			19,070	3,416	207,590	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000323	5.665008	0.001847	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES E XPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMIN & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,351,639				5.03
5.04	00570	ADMITTING	15,115	443,152,872			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,491	0	443,152,872		5.05
5.06	00590	OTHER ADMIN & GENERAL	37,006	0	0	-15,344,654	5.06
7.00	00700	OPERATION OF PLANT	5,579	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	338	0	0	0	8.00
9.00	00900	HOUSEKEEPING	330	0	0	0	9.00
10.00	01000	DIETARY	11,690	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	363,706	0	0	0	14.00
15.00	01500	PHARMACY	109,723	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,000	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	652	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	402	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	144,260	20,853,105	20,853,105	0	30.00
31.00	03100	INTENSIVE CARE UNIT	62,380	7,388,723	7,388,723	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	21,717	1,181,664	1,181,664	0	41.00
44.00	04400	SKILLED NURSING FACILITY	21,726	4,136,300	4,136,300	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,805,163	60,892,677	60,892,677	0	50.00
50.01	05001	ENDOSCOPY	126,302	11,122,490	11,122,490	0	50.01
51.00	05100	RECOVERY ROOM	2,852	8,629,081	8,629,081	0	51.00
53.00	05300	ANESTHESIOLOGY	241,735	18,185,827	18,185,827	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,493	55,634,706	55,634,706	0	54.00
56.00	05600	RADIOISOTOPE	31,892	8,317,337	8,317,337	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	13,715	6,994,658	6,994,658	0	56.01
57.00	05700	CT SCAN	26,435	31,539,915	31,539,915	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	171,045	70,077,226	70,077,226	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,973	2,480,177	2,480,177	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65,959	6,389,705	6,389,705	0	65.00
66.00	06600	PHYSICAL THERAPY	27,292	6,825,082	6,825,082	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,641	3,212,057	3,212,057	0	67.00
68.00	06800	SPEECH PATHOLOGY	999	691,682	691,682	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,854	11,186,601	11,186,601	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322	237,384	237,384	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	425,495	425,495	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,635,246	26,635,246	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,014,997	25,014,997	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,051,700	2,051,700	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	24,619	3,464,360	3,464,360	0	90.00
90.01	09001	WOUND CARE	59,627	3,378,013	3,378,013	0	90.01
90.02	09002	PULMONARY REHAB	774	421,910	421,910	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	192,301	45,784,754	45,784,754	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,273,584	443,152,872	443,152,872	-15,344,654	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES E XPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	18	0	0	0	3,443	190.00
190.01	19001	ADC	3,813	0	0	0	11,332	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	74,224	0	0	0	12,923,739	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	691,223	1,230,335	72,400		15,344,654	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.158842	0.002776	0.000163		0.144206	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	47,667	22,510	64,674		164,824	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.010954	0.000051	0.000146		0.001549	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:

11/26/2018 3:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	218,082				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	739,715			8.00
9.00	00900	HOUSEKEEPING	3,387	0	43,150		9.00
10.00	01000	DIETARY	16,162	0	1,339	57,486	10.00
11.00	01100	CAFETERIA	0	0	0	64,590	11.00
13.00	01300	NURSING ADMINISTRATION	3,846	0	390	1,968	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,227	1,865	650	0	14.00
15.00	01500	PHARMACY	2,407	83	340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,499	0	915	0	16.00
17.00	01700	SOCIAL SERVICE	634	0	92	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,220	168,891	8,786	35,508	30.00
31.00	03100	INTENSIVE CARE UNIT	7,488	41,188	2,190	3,642	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,324	19,627	2,305	2,376	41.00
44.00	04400	SKILLED NURSING FACILITY	15,710	55,123	3,120	15,960	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,881	126,577	5,252	0	50.00
50.01	05001	ENDOSCOPY	4,070	17,740	390	0	50.01
51.00	05100	RECOVERY ROOM	1,615	20,261	260	0	51.00
53.00	05300	ANESTHESIOLOGY	383	0	650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438	60,861	3,104	0	54.00
56.00	05600	RADIOISOTOPE	14,060	44,207	990	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	596	0	130	0	56.01
57.00	05700	CT SCAN	497	0	260	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	9,716	0	2,600	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	0	130	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,670	0	352	0	65.00
66.00	06600	PHYSICAL THERAPY	9,808	12,383	1,560	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,290	5,828	425	0	67.00
68.00	06800	SPEECH PATHOLOGY	234	0	92	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,203	9,351	1,560	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	481	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	18,255	3,137	1,744	0	90.00
90.01	09001	WOUND CARE	4,211	2,673	1,560	0	90.01
90.02	09002	PULMONARY REHAB	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	9,257	149,439	1,834	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	216,709	739,715	43,020	57,486	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	0	130	0	190.00
190.01	19001	ADC	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	320	0	0	8,589	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,346,177	204,258	1,927,232	1,642,027	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.270820	0.276131	44.663546	28.563946	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	527,983	10,431	32,507	107,466	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.421030	0.014101	0.753349	1.869429	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	760,503				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,983,910			14.00
15.00	01500	PHARMACY	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	443,152,872	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	198,620	111,539	0	20,853,105	30.00
31.00	03100	INTENSIVE CARE UNIT	69,908	54,708	0	7,388,723	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	17,213	17,162	0	1,181,664	41.00
44.00	04400	SKILLED NURSING FACILITY	50,726	16,595	0	4,136,300	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	93,185	1,160,014	0	60,892,677	50.00
50.01	05001	ENDOSCOPY	0	122,569	0	11,122,490	50.01
51.00	05100	RECOVERY ROOM	22,220	2,614	0	8,629,081	51.00
53.00	05300	ANESTHESIOLOGY	7,528	237,153	0	18,185,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	553,448	0	55,634,706	54.00
56.00	05600	RADIOISOTOPE	0	23,441	0	8,317,337	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	13,054	0	6,994,658	56.01
57.00	05700	CT SCAN	0	24,288	0	31,539,915	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	142,121	0	70,077,226	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,973	0	2,480,177	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	64,211	0	6,389,705	65.00
66.00	06600	PHYSICAL THERAPY	30,066	22,835	0	6,825,082	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,975	18,511	0	3,212,057	67.00
68.00	06800	SPEECH PATHOLOGY	2,741	710	0	691,682	68.00
69.00	06900	ELECTROCARDIOLOGY	16,958	16,337	0	11,186,601	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	952	0	237,384	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	360,988	0	425,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	652,153	0	26,635,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,288	100	25,014,997	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,051,700	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	34,844	11,599	0	3,464,360	90.00
90.01	09001	WOUND CARE	15,946	55,844	0	3,378,013	90.01
90.02	09002	PULMONARY REHAB	4,464	708	0	421,910	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	181,109	163,507	0	45,784,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	760,503	3,952,322	100	443,152,872	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			NURSING ADMINISTRATIO N (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	330	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	31,258	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,087,688	1,654,526	2,307,018	1,754,459	971,126	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.060060	0.415302	23,070.180000	0.003959	76.902597	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73,068	92,465	41,198	98,263	6,363	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.096079	0.023210	411.980000	0.000222	0.503880	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME) 21.00	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME) 22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMIN & GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE	0	0	90.01
90.02	09002	PULMONARY REHAB	0	0	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00		
111.00	11100	ISLET ACQUISITION	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00
190.01	19001	ADC	0	0		190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0		192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	409,570		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,095.700000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,207		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	12.070000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,246,346		14,246,346	0	14,246,346
31.00	03100	INTENSIVE CARE UNIT	4,999,849		4,999,849	0	4,999,849
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	1,590,180		1,590,180	0	1,590,180
44.00	04400	SKILLED NURSING FACILITY	3,792,469		3,792,469	0	3,792,469
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,443,612		13,443,612	0	13,443,612
50.01	05001	ENDOSCOPY	1,874,569		1,874,569	0	1,874,569
51.00	05100	RECOVERY ROOM	1,668,064		1,668,064	0	1,668,064
53.00	05300	ANESTHESIOLOGY	1,599,333		1,599,333	0	1,599,333
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,417,146		9,417,146	0	9,417,146
56.00	05600	RADIOISOTOPE	2,584,479		2,584,479	0	2,584,479
56.01	05602	ULTRASOUND/VASC LAB	1,093,385		1,093,385	0	1,093,385
57.00	05700	CT SCAN	1,948,370		1,948,370	0	1,948,370
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	6,922,370		6,922,370	0	6,922,370
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	655,087		655,087	0	655,087
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	1,766,249	0	1,766,249	0	1,766,249
66.00	06600	PHYSICAL THERAPY	2,531,252	0	2,531,252	0	2,531,252
67.00	06700	OCCUPATIONAL THERAPY	1,049,269	0	1,049,269	0	1,049,269
68.00	06800	SPEECH PATHOLOGY	212,812	0	212,812	0	212,812
69.00	06900	ELECTROCARDIOLOGY	1,175,287		1,175,287	0	1,175,287
70.00	07000	ELECTROENCEPHALOGRAPHY	123,729		123,729	0	123,729
70.01	07001	SLEEP LAB	0		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	568,101		568,101	0	568,101
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,193,298		10,193,298	0	10,193,298
73.00	07300	DRUGS CHARGED TO PATIENTS	5,648,603		5,648,603	0	5,648,603
74.00	07400	RENAL DIALYSIS	436,404		436,404	0	436,404
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	2,789,071		2,789,071	0	2,789,071
90.01	09001	WOUND CARE	1,522,687		1,522,687	0	1,522,687
90.02	09002	PULMONARY REHAB	251,253		251,253	0	251,253
90.03	09003	SPINE CENTER	0		0	0	0
90.04	09005	RUSH HEART CENTER	0		0	0	0
91.00	09100	EMERGENCY	12,188,425		12,188,425	0	12,188,425
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,691,832		1,691,832	0	1,691,832
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	107,983,531	0	107,983,531	0	107,983,531
201.00		Less Observation Beds	1,691,832		1,691,832		1,691,832
202.00		Total (see instructions)	106,291,699	0	106,291,699	0	106,291,699

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,842,637		18,842,637		30.00
31.00	03100	INTENSIVE CARE UNIT	7,388,723		7,388,723		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,181,664		1,181,664		41.00
44.00	04400	SKILLED NURSING FACILITY	4,136,300		4,136,300		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,646,387	49,246,290	60,892,677	0.220776	0.000000
50.01	05001	ENDOSCOPY	1,200,797	9,921,693	11,122,490	0.168539	0.000000
51.00	05100	RECOVERY ROOM	1,359,654	7,269,427	8,629,081	0.193307	0.000000
53.00	05300	ANESTHESIOLOGY	2,997,385	15,188,442	18,185,827	0.087944	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,667,496	44,967,210	55,634,706	0.169267	0.000000
56.00	05600	RADIOISOTOPE	626,431	7,690,906	8,317,337	0.310734	0.000000
56.01	05602	ULTRASOUND/VASC LAB	1,344,615	5,650,043	6,994,658	0.156317	0.000000
57.00	05700	CT SCAN	6,869,484	24,670,431	31,539,915	0.061775	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	19,237,650	50,839,576	70,077,226	0.098782	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,286,629	1,193,548	2,480,177	0.264129	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	4,565,155	1,824,550	6,389,705	0.276421	0.000000
66.00	06600	PHYSICAL THERAPY	3,192,376	3,632,706	6,825,082	0.370875	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,720,779	491,278	3,212,057	0.326666	0.000000
68.00	06800	SPEECH PATHOLOGY	560,820	130,862	691,682	0.307673	0.000000
69.00	06900	ELECTROCARDIOLOGY	3,733,743	7,452,858	11,186,601	0.105062	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	91,938	145,446	237,384	0.521219	0.000000
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	367,810	57,685	425,495	1.335153	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,849,510	18,785,736	26,635,246	0.382700	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	15,343,004	9,671,993	25,014,997	0.225809	0.000000
74.00	07400	RENAL DIALYSIS	1,880,440	171,260	2,051,700	0.212704	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	4,767	3,459,593	3,464,360	0.805075	0.000000
90.01	09001	WOUND CARE	153,108	3,224,905	3,378,013	0.450764	0.000000
90.02	09002	PULMONARY REHAB	1,533	420,377	421,910	0.595513	0.000000
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000
90.04	09005	RUSH HEART CENTER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	8,327,541	37,457,213	45,784,754	0.266211	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	300,879	1,709,589	2,010,468	0.841512	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	137,879,255	305,273,617	443,152,872		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	137,879,255	305,273,617	443,152,872		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05602	ULTRASOUND/VASC LAB	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND CARE	0.000000			90.01
90.02	09002	PULMONARY REHAB	0.000000			90.02
90.03	09003	SPINE CENTER	0.000000			90.03
90.04	09005	RUSH HEART CENTER	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 14-0063

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

Worksheet G

Date/Time Prepared:
11/26/2018 3:06 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	21,715,860	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,895,883	0	0	0	4.00
5.00	Other receivable	1,710,864	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,622,434	0	0	0	6.00
7.00	Inventory	3,650,203	0	0	0	7.00
8.00	Prepaid expenses	737,807	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-2,775,599	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,312,584	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,680,216	0	0	0	12.00
13.00	Land improvements	2,144,790	0	0	0	13.00
14.00	Accumulated depreciation	-797,159	0	0	0	14.00
15.00	Buildings	38,153,326	0	0	0	15.00
16.00	Accumulated depreciation	-22,721,556	0	0	0	16.00
17.00	Leasehold improvements	63,768	0	0	0	17.00
18.00	Accumulated depreciation	-23,913	0	0	0	18.00
19.00	Fixed equipment	40,093,134	0	0	0	19.00
20.00	Accumulated depreciation	-28,764,596	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	36,828,010	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	28,505,934	0	0	0	31.00
32.00	Deposits on leases	57,103	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	5,933,706	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	34,496,743	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	113,637,337	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,057,806	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	28,909,944	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,967,750	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,991,615	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	10,991,615	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,959,365	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	68,677,972				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	68,677,972	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	113,637,337	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0063

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

Worksheet G-1

Date/Time Prepared:
11/26/2018 3:06 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		63,519,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,094,998				2.00
3.00	Total (sum of line 1 and line 2)		68,613,998		0		3.00
4.00	INCREASE IN TEMPORARILY RESTRICTED N	63,000		0		0	4.00
5.00	ROUNDING	974		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)		63,974		0		10.00
11.00	Subtotal (line 3 plus line 10)		68,677,972		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)		68,677,972		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	INCREASE IN TEMPORARILY RESTRICTED N		0				4.00
5.00	ROUNDING		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: 14-0063

Period:
From 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2018 3:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,384,964		20,384,964	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,181,664		1,181,664	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	4,136,300		4,136,300	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)	25,702,928		25,702,928	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,430,669		7,430,669	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)	7,430,669		7,430,669	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,133,597		33,133,597	17.00
18.00	Ancillary services	97,541,463	258,925,024	356,466,487	18.00
19.00	Outpatient services	8,577,893	62,818,671	71,396,564	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	0	16,855,232	16,855,232	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	139,252,953	338,598,927	477,851,880	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		131,473,910		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)		131,473,910		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0063

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

Worksheet G-3

Date/Time Prepared:
11/26/2018 3:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	477,851,880	1.00
2.00	Less contractual allowances and discounts on patients' accounts	344,100,528	2.00
3.00	Net patient revenues (line 1 minus line 2)	133,751,352	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	131,473,910	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,277,442	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	10,263,804	24.00
25.00	Total other income (sum of lines 6-24)	10,263,804	25.00
26.00	Total (line 5 plus line 25)	12,541,246	26.00
27.00	BAD DEBTS	7,446,248	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	7,446,248	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,094,998	29.00