

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/26/2019 11:59 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 2/26/2019	Time: 11:59 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPH MEDICAL CENTER (14-0162) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 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	-51,899	82,436	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	-51,899	82,436	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: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 11:59 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2200 E WASHINGTON			PO Box:				1.00		
2.00	City: BLOOMINGTON			State: IL		Zip Code: 61701		County: MCLEAN		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. JOSEPH MEDICAL CENTER	140162	14060	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		ST. JOSEPH MEDICAL CENTER	145590	14060		01/01/1988	N	P	O
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2017	09/30/2018		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,156	816	0	0	1,777	67	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 11:59 pm		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00	
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	Y	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
						1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)						N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-2
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 11:59 pm	
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	875,000	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					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149006	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 11:59 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 06101		141.00		
142.00	Street: 800 NE GLEN OAK AVE		PO Box:				142.00		
143.00	City: PEORIA		State: IL		Zip Code: 61603		143.00		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N	N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF			N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00	
161.00	CMHC				N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2017	09/30/2018	170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/26/2019 11:59 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	01/21/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/18/2018	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: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-2
Part II
Date/Time Prepared:
2/26/2019 11:59 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	LOUIS	RAPTOPOULOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309) 624-9230	LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/26/2019 11:59 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.	GOVT REPORTING SENIOR ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	137	50,005	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)		137	50,005	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		137	50,005	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	12	4,380		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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		149			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 11:59 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)	12,332	1,097	27,187			1.00
2.00	HMO and other (see instructions)	5,259	2,593				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,332	1,097	27,187			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		59	1,416			13.00
14.00	Total (see instructions)	12,332	1,156	28,603	0.00	769.85	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	1,186	108	1,806	0.00	11.22	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	781.07	27.00
28.00	Observation Bed Days		577	3,045			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	67	215			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: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 11:59 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	2,959	366	7,158	1.00
2.00 HMO and other (see instructions)			1,184	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,959	366	7,158	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-3
Part II
Date/Time Prepared:
2/26/2019 11:59 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	48,285,083	134,758	48,419,841	1,641,487.00	29.50
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		322,888	0	322,888	1,839.00	175.58
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		53,333	0	53,333	297.00	179.57
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	597,346	2,359	599,705	23,241.00	25.80
10.00	Excluded area salaries (see instructions)		2,584,609	9,258	2,593,867	82,949.00	31.27
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,155,255	0	1,155,255	15,671.00	73.72
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		222,782	0	222,782	1,517.00	146.86
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,268,186	0	11,268,186	303,730.00	37.10
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,035,125	0	13,035,125		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		912,044	0	912,044		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		44,059	0	44,059		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		7,239	0	7,239		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,531,680	0	3,531,680		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	4,568,355	17,696	4,586,051	111,857.00	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-3
Part II
Date/Time Prepared:
2/26/2019 11:59 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		820,077	0	820,077	6,436.00	127.42	28.00
29.00	Maintenance & Repairs	6.00	1,161,324	4,667	1,165,991	47,464.00	24.57	29.00
30.00	Operation of Plant	7.00	380,543	1,529	382,072	13,882.00	27.52	30.00
31.00	Laundry & Linen Service	8.00	29,287	118	29,405	2,260.00	13.01	31.00
32.00	Housekeeping	9.00	1,223,498	1,460	1,224,958	87,465.00	14.01	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	843,799	-398,359	445,440	25,440.00	17.51	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	104,599	401,255	505,854	31,481.00	16.07	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	807,381	3,245	810,626	21,628.00	37.48	38.00
39.00	Central Services and Supply	14.00	228,336	918	229,254	13,580.00	16.88	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	970,599	3,901	974,500	37,338.00	26.10	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-3
Part III
Date/Time Prepared:
2/26/2019 11:59 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,051,827	134,758	49,186,585	1,647,626.00	29.85	1.00
2.00	Excluded area salaries (see instructions)	3,181,955	11,617	3,193,572	106,190.00	30.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,869,872	123,141	45,993,013	1,541,436.00	29.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,646,223	0	12,646,223	320,918.00	39.41	4.00
5.00	Subtotal wage-related costs (see inst.)	16,610,864	0	16,610,864	0.00	36.12	5.00
6.00	Total (sum of lines 3 thru 5)	75,126,959	123,141	75,250,100	1,862,354.00	40.41	6.00
7.00	Total overhead cost (see instructions)	11,137,798	36,430	11,174,228	398,831.00	28.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/26/2019 11:59 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,954,710	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		412,063	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8,713,702	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		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)		54,538	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		548	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,747,818	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		5,328	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		109,760	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,998,467	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: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet S-3
Part V
Date/Time Prepared:
2/26/2019 11:59 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	1,155,255	13,998,467	1.00
2.00	Hospital	1,155,255	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	13,998,467	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-7

Date/Time Prepared:
2/26/2019 11:59 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.	N			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.	N			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	56	0	56 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	11	0	11 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	623	0	623 20.00
21.00		RMC	14	0	14 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	237	0	237 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	43	0	43 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	62	0	62 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	3	0	3 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	64	0	64 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	15	0	15 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: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-7

Date/Time Prepared:
2/26/2019 11:59 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	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	57	0	57	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,186	0	1,186	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	
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).			14060	14060	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		597,346	45.81	Y	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)		1,303,903			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/26/2019 11:59 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)			0.175186 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	13,769,330		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	102,188,437		6.00
7.00	Medicaid cost (line 1 times line 6)	17,901,984		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)	4,132,654		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)	4,132,654		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)	9,012,686	4,165,352	13,178,038 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,578,896	4,165,352	5,744,248 21.00
22.00	Payments received from patients for amounts previously written off as charity care	31,097	0	31,097 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,547,799	4,165,352	5,713,151 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)	7,250,170		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	622,936		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	958,363		27.01
28.00	Non-Medicare bad debt expense (see instructions)	6,291,807		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,437,664		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,150,815		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,283,469		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,727,021	4,727,021	271,666	4,998,687	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,773,034	4,773,034	1,005,532	5,778,566	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,967,036	13,967,036	2,951,372	16,918,408	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,568,355	31,416,206	35,984,561	-4,832,562	31,151,999	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,161,324	2,420,267	3,581,591	-2,305,110	1,276,481	6.00
7.00	00700	OPERATION OF PLANT	380,543	1,737,672	2,118,215	1,529	2,119,744	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	29,287	360,285	389,572	118	389,690	8.00
9.00	00900	HOUSEKEEPING	1,223,498	80,166	1,303,664	4,917	1,308,581	9.00
10.00	01000	DIETARY	843,799	512,371	1,356,170	-645,471	710,699	10.00
11.00	01100	CAFETERIA	104,599	3,455	108,054	646,120	754,174	11.00
13.00	01300	NURSING ADMINISTRATION	807,381	360,861	1,168,242	-95,753	1,072,489	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	228,336	112,863	341,199	918	342,117	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	970,599	230,489	1,201,088	3,901	1,204,989	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,141,784	1,141,784	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	217,177	217,177	0	217,177	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,886,983	8,412,182	22,299,165	-2,236,865	20,062,300	30.00
43.00	04300	NURSERY	0	0	0	373,122	373,122	43.00
44.00	04400	SKILLED NURSING FACILITY	597,346	27,149	624,495	2,401	626,896	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,639,592	9,632,339	12,271,931	-7,968,765	4,303,166	50.00
51.00	05100	RECOVERY ROOM	416,710	2,017	418,727	1,675	420,402	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	423	423	1,333,898	1,334,321	52.00
53.00	05300	ANESTHESIOLOGY	0	1,450,320	1,450,320	-16,975	1,433,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,337,269	295,713	1,632,982	1,648,619	3,281,601	54.00
54.10	03440	MAMMOGRAPHY	286,776	154,350	441,126	110,360	551,486	54.10
54.20	03630	ULTRA SOUND	506,060	115,208	621,268	148,965	770,233	54.20
54.30	05401	ECHOCARDIOLOGY	318,529	43,392	361,921	82,968	444,889	54.30
56.00	05600	RADIOISOTOPE	192,492	551,360	743,852	94,584	838,436	56.00
57.00	05700	CT SCAN	494,777	304,182	798,959	119,644	918,603	57.00
58.00	05800	MRI	238,089	669,310	907,399	957	908,356	58.00
59.00	05900	CARDIAC CATHETERIZATION	819,758	3,508,697	4,328,455	-3,501,961	826,494	59.00
60.00	06000	LABORATORY	2,256,929	1,486,873	3,743,802	307,423	4,051,225	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	657,985	657,985	0	657,985	63.00
64.00	06400	INTRAVENOUS THERAPY	232,749	12,111	244,860	935	245,795	64.00
65.00	06500	RESPIRATORY THERAPY	853,476	208,264	1,061,740	-190,155	871,585	65.00
66.00	06600	PHYSICAL THERAPY	2,452,385	630,720	3,083,105	34,903	3,118,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	556,398	1,007	557,405	78,386	635,791	67.00
68.00	06800	SPEECH PATHOLOGY	348,586	201,840	550,426	45,324	595,750	68.00
69.00	06900	ELECTROCARDIOLOGY	302,581	18,595	321,176	-1,504	319,672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	614,049	127,716	741,765	2,468	744,233	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,647	1,155,519	1,270,166	4,715,088	5,985,254	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,824,645	6,824,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,498,619	7,696,168	9,194,787	188,647	9,383,434	73.00
74.00	07400	RENAL DIALYSIS	0	548,860	548,860	0	548,860	74.00
76.00	03330	ENDOSCOPY	0	636,863	636,863	0	636,863	76.00
76.20	03951	PAIN CLINIC	351,110	163,663	514,773	957	515,730	76.20
76.97	07697	CARDIAC REHABILITATION	215,574	10,748	226,322	-10,169	216,153	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	408,963	782,272	1,191,235	-1,584	1,189,651	90.00
91.00	09100	EMERGENCY	3,442,306	4,096,372	7,538,678	-169,250	7,369,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,700,474	104,521,121	150,221,595	167,702	150,389,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	251,081	338,948	590,029	-8,468	581,561	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,233,546	2,510,014	3,743,560	-170,615	3,572,945	192.00
192.10	19201	CARDIOLOGY CLINIC	23,930	50,715	74,645	96	74,741	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	199,863	418,725	618,588	803	619,391	192.20
192.30	19203	MCLEAN CO EMS	249,241	63,997	313,238	1,002	314,240	192.30
192.40	19204	INDUSTRIAL MEDICINE	626,948	182,933	809,881	2,519	812,400	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	0	6,961	6,961	192.60
200.00		TOTAL (SUM OF LINES 118 through 199)	48,285,083	108,086,453	156,371,536	0	156,371,536	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A

Date/Time Prepared:
2/26/2019 11:59 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	1,155,375	6,154,062	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	974,194	6,752,760	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-589,635	16,328,773	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,624,807	17,527,192	5.00
6.00	00600	MAINTENANCE & REPAIRS	-265	1,276,216	6.00
7.00	00700	OPERATION OF PLANT	-100	2,119,644	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	389,690	8.00
9.00	00900	HOUSEKEEPING	0	1,308,581	9.00
10.00	01000	DIETARY	0	710,699	10.00
11.00	01100	CAFETERIA	-516,965	237,209	11.00
13.00	01300	NURSING ADMINISTRATION	685,060	1,757,549	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	342,117	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-63,711	1,141,278	16.00
17.00	01700	SOCIAL SERVICE	-285,515	856,269	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-217,177	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,407,937	14,654,363	30.00
43.00	04300	NURSERY	0	373,122	43.00
44.00	04400	SKILLED NURSING FACILITY	0	626,896	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-325,346	3,977,820	50.00
51.00	05100	RECOVERY ROOM	-945	419,457	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,334,321	52.00
53.00	05300	ANESTHESIOLOGY	-1,197,900	235,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-122,190	3,159,411	54.00
54.10	03440	MAMMOGRAPHY	0	551,486	54.10
54.20	03630	ULTRA SOUND	0	770,233	54.20
54.30	05401	ECHOCARDIOLOGY	-9,204	435,685	54.30
56.00	05600	RADIOISOTOPE	0	838,436	56.00
57.00	05700	CT SCAN	0	918,603	57.00
58.00	05800	MRI	0	908,356	58.00
59.00	05900	CARDIAC CATHETERIZATION	-17,534	808,960	59.00
60.00	06000	LABORATORY	-2,454	4,048,771	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	657,985	63.00
64.00	06400	INTRAVENOUS THERAPY	0	245,795	64.00
65.00	06500	RESPIRATORY THERAPY	0	871,585	65.00
66.00	06600	PHYSICAL THERAPY	-9,008	3,109,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	635,791	67.00
68.00	06800	SPEECH PATHOLOGY	0	595,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0	319,672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	744,233	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-16,869	5,968,385	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,824,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,383,434	73.00
74.00	07400	RENAL DIALYSIS	0	548,860	74.00
76.00	03330	ENDOSCOPY	93,323	730,186	76.00
76.20	03951	PAIN CLINIC	0	515,730	76.20
76.97	07697	CARDIAC REHABILITATION	-35,025	181,128	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,808	1,187,843	90.00
91.00	09100	EMERGENCY	-2,861,094	4,508,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-22,397,537	127,991,760	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	581,561	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,572,945	192.00
192.10	19201	CARDIOLOGY CLINIC	0	74,741	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	619,391	192.20
192.30	19203	MCLEAN CO EMS	0	314,240	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	812,400	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	6,961	192.60
200.00		TOTAL (SUM OF LINES 118 through 199)	-22,397,537	133,973,999	200.00

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 11:59 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	962,161		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	170,615		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
	0		0	1,132,776		
	B - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	144,422		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	144,422		
	C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	401,750	243,950		1.00
	0		401,750	243,950		
	D - ALT BIRTH RECLASS					
1.00	NURSERY	43.00	335,731	37,391		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,200,227	133,671		2.00
	0		1,535,958	171,062		
	E - CARDIAC REHAB RECLASS					
1.00	NONALLOWABLE CARDIAC REHAB	192.60	6,606	355		1.00
	0		6,606	355		
	F - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,824,645		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
	0		0	6,824,645		
	G - MED/SURG SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,825,613		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	4,825,613		
	H - DISABILITY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	663		1.00
2.00	HOUSEKEEPING	9.00	0	3,457		2.00
3.00	CAFETERIA	11.00	0	915		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	21,019		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	42		5.00
6.00	OPERATING ROOM	50.00	0	2,479		6.00
7.00	ECHOCARDIOLOGY	54.30	0	2,740		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	1,165		8.00
9.00	LABORATORY	60.00	0	2,135		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,489		10.00
11.00	CLINIC	90.00	211	0		11.00
12.00	EMERGENCY	91.00	0	7,657		12.00
13.00	FUND DEV, MKTING, COMM	192.20	0	2,777		13.00
	HEALTH ED					
	0		211	54,538		

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 11:59 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
I - CONTRACT PHYS COST TO ANCILLARY CC					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	679,009	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,600	2.00
3.00	OPERATING ROOM	50.00	0	315,592	3.00
4.00	ECHOCARDIOLOGY	54.30	0	18,747	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	36,750	5.00
	0		0	1,068,698	
J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	41,700	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
	0		0	41,700	
K - RADIOLOGY ADMIN RECLASS					
1.00	MAMMOGRAPHY	54.10	69,187	74,450	1.00
2.00	ULTRA SOUND	54.20	102,533	56,568	2.00
3.00	ECHOCARDIOLOGY	54.30	62,455	6,678	3.00
4.00	RADIOISOTOPE	56.00	128,392	13,728	4.00
5.00	CT SCAN	57.00	135,632	36,847	5.00
	0		498,199	188,271	
L - TO RECLASS SFI COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,175,880	1.00
2.00	LABORATORY	60.00	0	164,133	2.00
	0		0	1,340,013	
M - VACATION ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	18,359	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	4,667	0	2.00
3.00	OPERATION OF PLANT	7.00	1,529	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	118	0	4.00
5.00	HOUSEKEEPING	9.00	4,917	0	5.00
6.00	DIETARY	10.00	3,391	0	6.00
7.00	CAFETERIA	11.00	420	0	7.00
8.00	NURSING ADMINISTRATION	13.00	3,245	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	918	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	3,901	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	55,807	0	11.00
12.00	SKILLED NURSING FACILITY	44.00	2,401	0	12.00
13.00	OPERATING ROOM	50.00	10,608	0	13.00
14.00	RECOVERY ROOM	51.00	1,675	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	5,374	0	15.00
16.00	MAMMOGRAPHY	54.10	1,152	0	16.00
17.00	ULTRA SOUND	54.20	2,034	0	17.00
18.00	ECHOCARDIOLOGY	54.30	1,280	0	18.00
19.00	RADIOISOTOPE	56.00	774	0	19.00
20.00	CT SCAN	57.00	1,988	0	20.00
21.00	MRI	58.00	957	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	3,294	0	22.00
23.00	LABORATORY	60.00	9,070	0	23.00
24.00	INTRAVENOUS THERAPY	64.00	935	0	24.00
25.00	RESPIRATORY THERAPY	65.00	3,430	0	25.00
26.00	PHYSICAL THERAPY	66.00	9,855	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	2,236	0	27.00
28.00	SPEECH PATHOLOGY	68.00	1,401	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	1,216	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	2,468	0	30.00
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	461	0	31.00
32.00	DRUGS CHARGED TO PATIENTS	73.00	6,022	0	32.00
33.00	PAIN CLINIC	76.20	1,411	0	33.00
34.00	CARDIAC REHABILITATION	76.97	866	0	34.00
35.00	CLINIC	90.00	1,643	0	35.00
36.00	EMERGENCY	91.00	13,833	0	36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,009	0	37.00
38.00	CARDIOLOGY CLINIC	192.10	96	0	38.00
39.00	FUND DEV, MKTING, COMM	192.20	803	0	39.00
40.00	HEALTH ED				
40.00	MCLEAN CO EMS	192.30	1,002	0	40.00
41.00	INDUSTRIAL MEDICINE	192.40	2,519	0	41.00
	0		189,085	0	

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 11:59 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	N - MINISTRY ALLOCATION RECLASS				
1.00	MAINTENANCE & REPAIRS	6.00	0	372,837	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,461,448	2.00
3.00	SOCIAL SERVICE	17.00	0	1,141,784	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	182,145	4.00
5.00	PHYSICAL THERAPY	66.00	0	115,364	5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	20,857	6.00
7.00	SPEECH PATHOLOGY	68.00	0	20,596	7.00
	TOTALS		0	4,315,031	
	O - TO RECLASS REHAB ADMIN COST				
1.00	OCCUPATIONAL THERAPY	67.00	53,664	1,629	1.00
2.00	SPEECH PATHOLOGY	68.00	22,640	687	2.00
	TOTALS		76,304	2,316	
	P - TO RECLASS MAINTENANCE COST				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,175,880	1.00
2.00	LABORATORY	60.00	0	164,133	2.00
	TOTALS		0	1,340,013	
500.00	Grand Total: Increases		2,708,113	21,693,403	500.00

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 11:59 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION RECLASS						
1.00		0.00	0	0	9		1.00
2.00		0.00	0	0	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,779	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	2,588	0		4.00
5.00	DIETARY	10.00	0	3,162	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	98,998	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	91,857	0		7.00
8.00	OPERATING ROOM	50.00	0	338,822	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	16,975	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,682	0		10.00
11.00	MAMMOGRAPHY	54.10	0	34,429	0		11.00
12.00	ECHOCARDIOLOGY	54.30	0	6,192	0		12.00
13.00	RADIOISOTOPE	56.00	0	48,310	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	189,929	0		14.00
15.00	LABORATORY	60.00	0	23,663	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	11,079	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	11,696	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	2,720	0		18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	41,220	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	4,074	0		20.00
21.00	CLINIC	90.00	0	3,227	0		21.00
22.00	EMERGENCY	91.00	0	1,282	0		22.00
23.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	9,477	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	170,615	0		24.00
			0	1,132,776			
	B - PROPERTY INSURANCE						
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	139,541	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	4,881	0		3.00
			0	144,422			
	C - CAFETERIA RECLASS						
1.00	DIETARY	10.00	401,750	243,950	0		1.00
			401,750	243,950			
	D - ALT BIRTH RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,535,958	171,062	0		1.00
2.00		0.00	0	0	0		2.00
			1,535,958	171,062			
	E - CARDIAC REHAB RECLASS						
1.00	CARDIAC REHABILITATION	76.97	6,606	355	0		1.00
			6,606	355			
	F - IMPLANTABLE DEVICES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	213	0		1.00
2.00	OPERATING ROOM	50.00	0	5,622,747	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	110,986	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,090,585	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	114	0		5.00
			0	6,824,645			
	G - MED/SURG SUPPLY RECLASS						
1.00	OPERATING ROOM	50.00	0	2,331,017	0		1.00
2.00	ULTRA SOUND	54.20	0	12,170	0		2.00
3.00	CT SCAN	57.00	0	31,649	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,253,905	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	182,392	0		5.00
6.00	EMERGENCY	91.00	0	14,480	0		6.00
			0	4,825,613			
	H - DISABILITY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	663	0	0		1.00
2.00	HOUSEKEEPING	9.00	3,457	0	0		2.00
3.00	CAFETERIA	11.00	915	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	21,019	0	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	42	0	0		5.00
6.00	OPERATING ROOM	50.00	2,479	0	0		6.00
7.00	ECHOCARDIOLOGY	54.30	2,740	0	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	1,165	0	0		8.00
9.00	LABORATORY	60.00	2,135	0	0		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	9,489	0	0		10.00
11.00	CLINIC	90.00	0	211	0		11.00
12.00	EMERGENCY	91.00	7,657	0	0		12.00
13.00	FUND DEV, MKTING, COMM	192.20	2,777	0	0		13.00
	HEALTH ED						
			54,538	211			

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 11:59 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - CONTRACT PHYS COST TO ANCILLARY CC						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	389,689	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	512,026	0		2.00
3.00	EMERGENCY	91.00	0	166,983	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		0	1,068,698			
	J - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	156	0		1.00
2.00	OPERATING ROOM	50.00	0	2,379	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,363	0		3.00
4.00	CT SCAN	57.00	0	23,174	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	7,586	0		5.00
6.00	LABORATORY	60.00	0	6,250	0		6.00
7.00	PAIN CLINIC	76.20	0	454	0		7.00
8.00	EMERGENCY	91.00	0	338	0		8.00
	0		0	41,700			
	K - RADIOLOGY ADMIN RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	498,199	188,271	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		498,199	188,271			
	L - TO RECLASS SFI COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,340,013	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,340,013			
	M - VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	189,085	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
	0		0	189,085			

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/26/2019 11:59 pm

	Decreases						2/28/2016 11:05 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	N - MINISTRY ALLOCATION RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,315,031	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	4,315,031			
	O - TO RECLASS REHAB ADMIN COST						
1.00	PHYSICAL THERAPY	66.00	76,304	2,316	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		76,304	2,316			
	P - TO RECLASS MAINTENANCE COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,340,013	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,340,013			
500.00	Grand Total: Decreases		2,573,355	21,828,161			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet A-7
Part I
Date/Time Prepared:
2/26/2019 11:59 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	1,635,357	0	1,928,263	1,928,263	1,960,200	1.00	
2.00	Land Improvements	1,361,995	0	0	0	0	2.00	
3.00	Buildings and Fixtures	134,642,748	2,756,639	0	2,756,639	0	3.00	
4.00	Building Improvements	190,139	0	0	0	0	4.00	
5.00	Fixed Equipment	54,013,329	6,192,558	0	6,192,558	1,430,219	5.00	
6.00	Movable Equipment	87,147	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	191,930,715	8,949,197	1,928,263	10,877,460	3,390,419	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	191,930,715	8,949,197	1,928,263	10,877,460	3,390,419	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,603,420	0				1.00	
2.00	Land Improvements	1,361,995	0				2.00	
3.00	Buildings and Fixtures	137,399,387	0				3.00	
4.00	Building Improvements	190,139	0				4.00	
5.00	Fixed Equipment	58,775,668	0				5.00	
6.00	Movable Equipment	87,147	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	199,417,756	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	199,417,756	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet A-7
Part II
Date/Time Prepared:
2/26/2019 11:59 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	4,727,021	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,773,034	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,500,055	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,727,021				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,773,034				2.00
3.00	Total (sum of lines 1-2)	0	9,500,055				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet A-7
Part III
Date/Time Prepared:
2/26/2019 11:59 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	137,589,526	0	137,589,526	0.699694	101,051	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	59,052,954	0	59,052,954	0.300306	43,371	2.00
3.00	Total (sum of lines 1-2)	196,642,480	0	196,642,480	1.000000	144,422	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	101,051	5,418,686	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	43,371	6,068,889	0	2.00
3.00	Total (sum of lines 1-2)	0	0	144,422	11,487,575	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	634,325	101,051	0	0	6,154,062	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	640,500	43,371	0	0	6,752,760	2.00
3.00	Total (sum of lines 1-2)	1,274,825	144,422	0	0	12,906,822	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
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	-94,146	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,001,500			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	-2,676,756			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-516,965	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	B	-63,711	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-613,168	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PROPERTY TAX EXPENSE	A	-95,710	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/26/2019 11:59 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	OTHER REVENUES - NURSING ADMIN	A	-246	NURSING ADMINISTRATION	13.00	0	35.00
36.00	SFMC AND OSFMG SHARED EMPLOYEE BEN	A	-586,539	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
39.00	PRE-EMPLOYMENT PHYSICALS	A	-25	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
40.00	PRE-EMPLOYMENT PHYSICALS	A	-45	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00	UNEMPLOYMENT COMP	A	5,328	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00	MEDICAID ASSESSMENT	A	-5,469,415	ADMINISTRATIVE & GENERAL	5.00	0	42.00
46.00	LOBBYING DUES	A	-35,722	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00	OTHER REVENUES - ADMIN	B	-3,895	ADMINISTRATIVE & GENERAL	5.00	0	47.00
48.00	PRE-EMPLOYMENT PHYSICALS	A	-100	OPERATION OF PLANT	7.00	0	48.00
49.00	OTHER REVENUES - NURSE ADMIN	B	-21,438	NURSING ADMINISTRATION	13.00	0	49.00
49.01	OTHER REVENUES - ADULTS AND Peds	B	-3,015	ADULTS & PEDIATRICS	30.00	0	49.01
49.02	OTHER REVENUES - RADIOLOGY	B	-1,230	RADIOLOGY-DIAGNOSTIC	54.00	0	49.02
49.03	OTHER REVENUES - LAB	B	-2,454	LABORATORY	60.00	0	49.03
49.04	OTHER REVENUES - PHYS THERAPY	B	-9,008	PHYSICAL THERAPY	66.00	0	49.04
49.05	OTHER REVENUES - CARDIAC REHAB	B	-35,025	CARDIAC REHABILITATION	76.97	0	49.05
49.07	PHYSICIAN EB EXPENSES	A	-8,354	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.07
49.09	TEACHING COST OFFSET	B	-217,177	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	49.09
49.12	MARKETING - ADMIN	A	-792	ADMINISTRATIVE & GENERAL	5.00	0	49.12
49.13	MARKETING - NURS ADMIN	A	-396	NURSING ADMINISTRATION	13.00	0	49.13
49.15	MARKETING - ADULTS AND Peds	A	-800	ADULTS & PEDIATRICS	30.00	0	49.15
49.18	MARKETING - CLINICS	A	-1,808	CLINIC	90.00	0	49.18
49.19	ENTERTAINMENT EXPENSES	A	-60	ADMINISTRATIVE & GENERAL	5.00	0	49.19
49.21	COMMUNITY HEALTH EDUCATION - ADULTS	B	-960	ADMINISTRATIVE & GENERAL	5.00	0	49.21
49.23	RECRUITING	A	-5,400	ADULTS & PEDIATRICS	30.00	0	49.23
49.24	HOSPITALS AND PALLIATIVE CARE OTHER	B	-945	RECOVERY ROOM	51.00	0	49.24
49.29	MARKETING - CLINICS	A	-612	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49.29
49.30	HOSPITALIST AND PALLIATIVE CARE RECR	A	-7,185	ADULTS & PEDIATRICS	30.00	0	49.30
49.31	DONATED ASSET	A	-1,928,263	ADMINISTRATIVE & GENERAL	5.00	0	49.31
49.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.32
49.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.33
49.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.34
49.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.35
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,397,537				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:
2/26/2019 11:59 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL BLDG HO BLDG CAPITAL	521,050	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	2,283,280	1,949,586	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G HO MANAGEMENT	7,937,592	17,719,109	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	2,461,448	2,461,448	3.01
3.04	6.00	MAINTENANCE & REPAIRS	MINISTRY ALLOCATION	372,837	372,837	3.04
3.05	17.00	SOCIAL SERVICE	HO FUNCTIONAL - CARE MANAGEM	856,269	1,141,784	3.05
3.06	30.00	ADULTS & PEDIATRICS	MINISTRY ALLOCATION	182,959	182,959	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	115,364	115,364	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	20,857	20,857	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	20,596	20,596	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY ALLOCATION	962,117	962,117	3.10
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST (OPERATING)	634,325	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HO INTEREST (OPERATING)	640,500	0	4.01
4.02	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	707,140	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - ADMIN & GENE	4,572,730	0	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAINT AND EQUIP	391,876	487,840	4.04
4.05	6.00	MAINTENANCE & REPAIRS	SFI PURCH MAINT AND EQUIP	0	265	4.05
4.06	71.00	MEDICAL SUPPLIES CHARGED TO	SFI PURCH MAINT AND EQUIP	21,918	38,175	4.06
4.07	60.00	LABORATORY	OSF SYSTEMS LAB	1,293,657	1,293,657	4.07
4.08	76.00	ENDOSCOPY	ENDOSCOPY	713,900	620,577	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
4.12	0.00			0	0	4.12
4.13	0.00			0	0	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,710,415	27,387,171	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B	OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:
2/26/2019 11:59 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	521,050	9		1.00
2.00	333,694	9		2.00
3.00	-9,781,517	0		3.00
3.01	0	0		3.01
3.04	0	0		3.04
3.05	-285,515	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
4.00	634,325	11		4.00
4.01	640,500	11		4.01
4.02	707,140	0		4.02
4.03	4,572,730	0		4.03
4.04	-95,964	0		4.04
4.05	-265	0		4.05
4.06	-16,257	0		4.06
4.07	0	0		4.07
4.08	93,323	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	-2,676,756			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTHCARE SYST		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
2/26/2019 11:59 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	349,495	34,210	315,285	211,500	1,727	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,400,368	5,381,769	18,599	197,500	93	2.00
3.00	50.00	OPERATING ROOM	392,632	249,996	142,636	246,400	568	3.00
4.00	53.00	ANESTHESIOLOGY	1,221,840	1,169,840	52,000	239,400	208	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	24,996	24,996	0	0	0	5.00
6.00	54.30	ECHOCARDIOLOGY	18,747	0	18,747	271,900	73	6.00
7.00	59.00	CARDIAC CATHETERIZATION	36,750	0	36,750	271,900	147	7.00
8.00	60.00	LABORATORY	50,000	0	50,000	260,300	480	8.00
9.00	91.00	EMERGENCY	2,970,818	2,739,544	231,274	179,000	1,275	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			10,465,646	9,600,355	865,291		4,571	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	175,606	8,780	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	8,831	442	0	0	0	2.00
3.00	50.00	OPERATING ROOM	67,286	3,364	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	23,940	1,197	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.30	ECHOCARDIOLOGY	9,543	477	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	19,216	961	0	0	0	7.00
8.00	60.00	LABORATORY	60,069	3,003	0	0	0	8.00
9.00	91.00	EMERGENCY	109,724	5,486	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			474,215	23,710	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	175,606	139,679	173,889		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	8,831	9,768	5,391,537		2.00
3.00	50.00	OPERATING ROOM	0	67,286	75,350	325,346		3.00
4.00	53.00	ANESTHESIOLOGY	0	23,940	28,060	1,197,900		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	24,996		5.00
6.00	54.30	ECHOCARDIOLOGY	0	9,543	9,204	9,204		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	19,216	17,534	17,534		7.00
8.00	60.00	LABORATORY	0	60,069	0	0		8.00
9.00	91.00	EMERGENCY	0	109,724	121,550	2,861,094		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	474,215	401,145	10,001,500		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,154,062	6,154,062			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,752,760	6,752,760			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,328,773	0	16,328,773		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,527,192	511,991	1,536,724	22,770,651	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,276,216	832,999	393,644	2,587,706	6.00
7.00	00700	OPERATION OF PLANT	2,119,644	190,152	8,897	2,447,682	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	389,690	23,495	9,927	423,112	8.00
9.00	00900	HOUSEKEEPING	1,308,581	62,204	20,499	1,804,836	9.00
10.00	01000	DIETARY	710,699	36,073	10,695	907,850	10.00
11.00	01100	CAFETERIA	237,209	73,580	11,328	492,896	11.00
13.00	01300	NURSING ADMINISTRATION	1,757,549	39,254	303,803	2,374,277	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342,117	65,242	20,928	505,684	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,141,278	29,741	17	1,500,032	16.00
17.00	01700	SOCIAL SERVICE	856,269	0	0	856,269	17.00
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	14,654,363	1,064,755	317,584	20,218,215	30.00
43.00	04300	NURSERY	373,122	14,326	20,512	521,304	43.00
44.00	04400	SKILLED NURSING FACILITY	626,896	72,376	11,043	912,778	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,977,820	329,145	1,224,712	6,425,561	50.00
51.00	05100	RECOVERY ROOM	419,457	67,878	0	628,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,334,321	329,031	73,328	2,141,883	52.00
53.00	05300	ANESTHESIOLOGY	235,445	6,762	63,082	305,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,159,411	84,783	216,545	3,745,828	54.00
54.10	03440	MAMMOGRAPHY	551,486	45,314	131,345	848,709	54.10
54.20	03630	ULTRA SOUND	770,233	24,899	4,089	1,005,372	54.20
54.30	05401	ECHOCARDIOLOGY	435,685	27,965	6,754	598,533	54.30
56.00	05600	RADIOISOTOPE	838,436	21,805	48,411	1,017,245	56.00
57.00	05700	CT SCAN	918,603	46,517	104,555	1,283,175	57.00
58.00	05800	MRI	908,356	47,262	21,365	1,057,686	58.00
59.00	05900	CARDIAC CATHETERIZATION	808,960	69,840	245,628	1,401,901	59.00
60.00	06000	LABORATORY	4,048,771	153,520	57,349	5,023,932	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	657,985	0	4,112	662,097	63.00
64.00	06400	INTRAVENOUS THERAPY	245,795	35,758	6,326	366,772	64.00
65.00	06500	RESPIRATORY THERAPY	871,585	26,919	69,842	1,257,642	65.00
66.00	06600	PHYSICAL THERAPY	3,109,000	73,537	42,421	4,026,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	635,791	17,979	710	854,778	67.00
68.00	06800	SPEECH PATHOLOGY	595,750	10,501	25,576	767,595	68.00
69.00	06900	ELECTROCARDIOLOGY	319,672	41,818	21,677	485,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	744,233	0	43,932	993,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,968,385	24,355	0	6,031,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,824,645	0	0	6,824,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,383,434	72,863	115,210	10,079,481	73.00
74.00	07400	RENAL DIALYSIS	548,860	83,780	0	632,640	74.00
76.00	03330	ENDOSCOPY	730,186	73,035	0	803,221	76.00
76.20	03951	PAIN CLINIC	515,730	0	32,016	666,759	76.20
76.97	07697	CARDIAC REHABILITATION	181,128	67,262	76,102	395,333	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,187,843	0	4,274	1,328,474	90.00
91.00	09100	EMERGENCY	4,508,334	186,040	47,298	5,901,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,991,760	4,984,756	6,691,556	15,453,072	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	581,561	0	24,912	691,580	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,572,945	1,001,375	0	4,990,771	192.00
192.10	19201	CARDIOLOGY CLINIC	74,741	0	0	82,852	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	619,391	101,902	31,858	819,959	192.20
192.30	19203	MCLEAN CO EMS	314,240	0	0	398,723	192.30
192.40	19204	INDUSTRIAL MEDICINE	812,400	61,932	4,434	1,091,277	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	6,961	4,097	0	13,288	192.60
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	133,973,999	6,154,062	6,752,760	16,328,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,770,651					5.00
6.00	00600	MAINTENANCE & REPAIRS	529,874	3,117,580				6.00
7.00	00700	OPERATION OF PLANT	501,202	123,270	3,072,154			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,639	15,231	15,627	540,609		8.00
9.00	00900	HOUSEKEEPING	369,569	40,325	41,374	0	2,256,104	9.00
10.00	01000	DIETARY	185,897	23,385	23,993	357	17,953	10.00
11.00	01100	CAFETERIA	100,928	47,699	48,939	324	36,619	11.00
13.00	01300	NURSING ADMINISTRATION	486,171	25,447	26,109	0	19,536	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	103,547	42,294	43,394	3,555	32,470	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	307,156	19,280	19,782	0	14,802	16.00
17.00	01700	SOCIAL SERVICE	175,335	0	0	0	0	17.00
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	4,139,992	690,249	708,192	239,268	529,907	30.00
43.00	04300	NURSERY	106,745	9,287	9,529	13,118	7,130	43.00
44.00	04400	SKILLED NURSING FACILITY	186,906	46,919	48,139	33,306	36,020	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,315,736	213,375	218,922	31,047	163,810	50.00
51.00	05100	RECOVERY ROOM	128,713	44,003	45,147	0	33,782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	438,585	213,301	218,846	46,899	163,753	52.00
53.00	05300	ANESTHESIOLOGY	62,513	4,384	4,498	0	3,365	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	767,018	54,962	56,391	11,922	42,195	54.00
54.10	03440	MAMMOGRAPHY	173,787	29,376	30,139	1,319	22,552	54.10
54.20	03630	ULTRA SOUND	205,866	16,141	16,561	114	12,392	54.20
54.30	05401	ECHOCARDIOLOGY	122,559	18,129	18,600	0	13,918	54.30
56.00	05600	RADIOISOTOPE	208,297	14,135	14,503	1,089	10,852	56.00
57.00	05700	CT SCAN	262,751	30,156	30,940	21,483	23,151	57.00
58.00	05800	MRI	216,578	30,639	31,435	9,532	23,522	58.00
59.00	05900	CARDIAC CATHETERIZATION	287,062	45,275	46,453	10,610	34,758	59.00
60.00	06000	LABORATORY	1,028,730	99,522	102,110	0	76,404	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	135,575	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	75,102	23,181	23,784	0	17,796	64.00
65.00	06500	RESPIRATORY THERAPY	257,522	17,451	17,904	0	13,397	65.00
66.00	06600	PHYSICAL THERAPY	824,575	47,672	48,911	970	36,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	175,029	11,656	11,959	0	8,948	67.00
68.00	06800	SPEECH PATHOLOGY	157,177	6,808	6,985	0	5,226	68.00
69.00	06900	ELECTROCARDIOLOGY	99,461	27,110	27,814	10,401	20,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	203,353	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,235,067	15,788	16,199	0	12,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,397,455	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,063,935	47,235	48,463	0	36,263	73.00
74.00	07400	RENAL DIALYSIS	129,543	54,312	55,724	0	41,696	74.00
76.00	03330	ENDOSCOPY	164,472	47,347	48,577	0	36,348	76.00
76.20	03951	PAIN CLINIC	136,530	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	80,951	43,604	44,737	0	33,475	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	272,026	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,208,483	120,605	123,740	105,295	92,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,114,412	2,359,553	2,294,420	540,609	1,674,160	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,612	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,021,940	649,162	666,038	0	498,367	192.00
192.10	19201	CARDIOLOGY CLINIC	16,965	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	167,900	66,060	67,778	0	50,715	192.20
192.30	19203	MCLEAN CO EMS	81,645	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	223,456	40,149	41,193	0	30,823	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	2,721	2,656	2,725	0	2,039	192.60
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)	22,770,651	3,117,580	3,072,154	540,609	2,256,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,159,435					10.00
11.00	01100	CAFETERIA	0	727,405				11.00
13.00	01300	NURSING ADMINISTRATION	0	12,043	2,943,583			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,540	48,253	786,737		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,386	0	0	1,882,438	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
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	1,039,133	244,171	1,562,637	20,982	153,970	30.00
43.00	04300	NURSERY	10,631	5,946	38,051	0	4,084	43.00
44.00	04400	SKILLED NURSING FACILITY	71,671	13,055	83,549	1,206	3,523	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,440	322,804	0	137,062	50.00
51.00	05100	RECOVERY ROOM	0	6,330	40,509	114	7,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,000	21,258	136,047	0	14,599	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,259	15,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,349	0	2,302	43,463	54.00
54.10	03440	MAMMOGRAPHY	0	7,645	0	1,144	20,112	54.10
54.20	03630	ULTRA SOUND	0	9,495	0	5,014	30,724	54.20
54.30	05401	ECHOCARDIOLOGY	0	5,888	37,679	39	25,361	54.30
56.00	05600	RADIOISOTOPE	0	5,189	0	1,959	45,909	56.00
57.00	05700	CT SCAN	0	11,775	0	13,039	118,083	57.00
58.00	05800	MRI	0	3,549	0	4,709	31,193	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,671	81,092	0	97,227	59.00
60.00	06000	LABORATORY	0	51,487	0	10,922	285,728	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	6,680	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,456	0	655	5,944	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,720	100,602	0	35,610	65.00
66.00	06600	PHYSICAL THERAPY	0	35,535	0	1,141	39,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,123	0	0	11,479	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,318	0	3,028	3,505	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,050	38,722	843	17,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,670	0	733	20,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,584	0	595,713	121,252	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	108,041	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,688	0	58,127	343,118	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	7,524	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	7,806	76.00
76.20	03951	PAIN CLINIC	0	8,412	53,838	5,675	11,478	76.20
76.97	07697	CARDIAC REHABILITATION	0	4,270	0	162	2,769	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,238	0	8,365	14,928	90.00
91.00	09100	EMERGENCY	0	62,471	399,800	13,422	90,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,159,435	706,752	2,943,583	763,553	1,882,438	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,957	0	83	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	617	0	22,343	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	535	0	20	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	4,561	0	23	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	9,832	0	715	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	151	0	0	0	192.60
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)	1,159,435	727,405	2,943,583	786,737	1,882,438	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	22.00	24.00	25.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	1,031,604					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	922,300	0	30,469,016	0	30,469,016	30.00
43.00	04300	NURSERY	48,037	0	773,862	0	773,862	43.00
44.00	04400	SKILLED NURSING FACILITY	61,267	0	1,498,339	0	1,498,339	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,878,757	0	8,878,757	50.00
51.00	05100	RECOVERY ROOM	0	0	934,941	0	934,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,433,171	0	3,433,171	52.00
53.00	05300	ANESTHESIOLOGY	0	0	410,053	0	410,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,742,430	0	4,742,430	54.00
54.10	03440	MAMMOGRAPHY	0	0	1,134,783	0	1,134,783	54.10
54.20	03630	ULTRA SOUND	0	0	1,301,679	0	1,301,679	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	840,706	0	840,706	54.30
56.00	05600	RADIOISOTOPE	0	0	1,319,178	0	1,319,178	56.00
57.00	05700	CT SCAN	0	0	1,794,553	0	1,794,553	57.00
58.00	05800	MRI	0	0	1,408,843	0	1,408,843	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,017,049	0	2,017,049	59.00
60.00	06000	LABORATORY	0	0	6,678,835	0	6,678,835	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	804,352	0	804,352	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	517,690	0	517,690	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,715,848	0	1,715,848	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,062,227	0	5,062,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,083,972	0	1,083,972	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	956,642	0	956,642	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	734,365	0	734,365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,228,864	0	1,228,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,032,325	0	8,032,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,330,141	0	8,330,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,697,310	0	12,697,310	73.00
74.00	07400	RENAL DIALYSIS	0	0	921,439	0	921,439	74.00
76.00	03330	ENDOSCOPY	0	0	1,107,771	0	1,107,771	76.00
76.20	03951	PAIN CLINIC	0	0	882,692	0	882,692	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	605,301	0	605,301	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,632,031	0	1,632,031	90.00
91.00	09100	EMERGENCY	0	0	8,118,603	0	8,118,603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,031,604	0	122,067,768	0	122,067,768	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	838,232	0	838,232	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	7,849,238	0	7,849,238	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	100,372	0	100,372	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	0	1,176,996	0	1,176,996	192.20
192.30	19203	MCLEAN CO EMS	0	0	480,368	0	480,368	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	1,437,445	0	1,437,445	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	23,580	0	23,580	192.60
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,031,604	0	133,973,999	0	133,973,999	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part II
Date/Time Prepared:
2/26/2019 11:59 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	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,824	511,991	3,194,744	3,720,559	0 5.00
6.00	00600	MAINTENANCE & REPAIRS	0	832,999	84,847	917,846	0 6.00
7.00	00700	OPERATION OF PLANT	0	190,152	8,897	199,049	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,495	0	23,495	0 8.00
9.00	00900	HOUSEKEEPING	0	62,204	20,499	82,703	0 9.00
10.00	01000	DIETARY	0	36,073	10,695	46,768	0 10.00
11.00	01100	CAFETERIA	0	73,580	11,328	84,908	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	39,254	303,803	343,057	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,193	65,242	20,928	91,363	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,741	17	29,758	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
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	5,885	1,064,755	317,584	1,388,224	0 30.00
43.00	04300	NURSERY	0	14,326	20,512	34,838	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	72,376	11,043	83,419	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	132,034	329,145	1,224,712	1,685,891	0 50.00
51.00	05100	RECOVERY ROOM	0	67,878	0	67,878	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	329,031	73,328	402,359	0 52.00
53.00	05300	ANESTHESIOLOGY	0	6,762	63,082	69,844	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,036	84,783	216,545	482,364	0 54.00
54.10	03440	MAMMOGRAPHY	82,483	45,314	131,345	259,142	0 54.10
54.20	03630	ULTRA SOUND	0	24,899	4,089	28,988	0 54.20
54.30	05401	ECHOCARDIOLOGY	0	27,965	6,754	34,719	0 54.30
56.00	05600	RADIOISOTOPE	0	21,805	48,411	70,216	0 56.00
57.00	05700	CT SCAN	85,950	46,517	104,555	237,022	0 57.00
58.00	05800	MRI	184,080	47,262	21,365	252,707	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	69,840	245,628	315,468	0 59.00
60.00	06000	LABORATORY	255,990	153,520	57,349	466,859	0 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	4,112	4,112	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	35,758	6,326	42,084	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,015	26,919	69,842	98,776	0 65.00
66.00	06600	PHYSICAL THERAPY	406,043	73,537	42,421	522,001	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,979	710	18,689	0 67.00
68.00	06800	SPEECH PATHOLOGY	65,849	10,501	25,576	101,926	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,818	21,677	63,495	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,041	0	43,932	126,973	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	202,741	24,355	0	227,096	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	365,318	72,863	115,210	553,391	0 73.00
74.00	07400	RENAL DIALYSIS	0	83,780	0	83,780	0 74.00
76.00	03330	ENDOSCOPY	0	73,035	0	73,035	0 76.00
76.20	03951	PAIN CLINIC	63,369	0	32,016	95,385	0 76.20
76.97	07697	CARDIAC REHABILITATION	0	67,262	76,102	143,364	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	154,128	0	4,274	158,402	0 90.00
91.00	09100	EMERGENCY	0	186,040	47,298	233,338	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,288,979	4,984,756	6,691,556	13,965,291	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	178,190	0	24,912	203,102	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,001,375	0	1,001,375	0 192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0 192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	101,902	31,858	133,760	0 192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0 192.30
192.40	19204	INDUSTRIAL MEDICINE	0	61,932	4,434	66,366	0 192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	4,097	0	4,097	0 192.60
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	2,467,169	6,154,062	6,752,760	15,373,991	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part II
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,720,559					5.00
6.00	00600	MAINTENANCE & REPAIRS	86,577	1,004,423				6.00
7.00	00700	OPERATION OF PLANT	81,892	39,715	320,656			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,156	4,907	1,631	44,189		8.00
9.00	00900	HOUSEKEEPING	60,384	12,992	4,318	0	160,397	9.00
10.00	01000	DIETARY	30,374	7,534	2,504	29	1,276	10.00
11.00	01100	CAFETERIA	16,491	15,368	5,108	27	2,603	11.00
13.00	01300	NURSING ADMINISTRATION	79,436	8,199	2,725	0	1,389	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,919	13,626	4,529	291	2,308	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50,187	6,212	2,065	0	1,052	16.00
17.00	01700	SOCIAL SERVICE	28,648	0	0	0	0	17.00
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	676,471	222,389	73,921	19,558	37,675	30.00
43.00	04300	NURSERY	17,441	2,992	995	1,072	507	43.00
44.00	04400	SKILLED NURSING FACILITY	30,539	15,116	5,025	2,722	2,561	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	214,980	68,745	22,850	2,538	11,646	50.00
51.00	05100	RECOVERY ROOM	21,031	14,177	4,712	0	2,402	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,661	68,721	22,842	3,834	11,642	52.00
53.00	05300	ANESTHESIOLOGY	10,214	1,412	469	0	239	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,324	17,708	5,886	974	3,000	54.00
54.10	03440	MAMMOGRAPHY	28,395	9,464	3,146	108	1,603	54.10
54.20	03630	ULTRA SOUND	33,637	5,200	1,729	9	881	54.20
54.30	05401	ECHOCARDIOLOGY	20,025	5,841	1,941	0	989	54.30
56.00	05600	RADIOISOTOPE	34,034	4,554	1,514	89	772	56.00
57.00	05700	CT SCAN	42,931	9,716	3,229	1,756	1,646	57.00
58.00	05800	MRI	35,387	9,871	3,281	779	1,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,903	14,587	4,848	867	2,471	59.00
60.00	06000	LABORATORY	168,086	32,064	10,658	0	5,432	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	22,152	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,271	7,468	2,482	0	1,265	64.00
65.00	06500	RESPIRATORY THERAPY	42,077	5,622	1,869	0	952	65.00
66.00	06600	PHYSICAL THERAPY	134,728	15,359	5,105	79	2,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,598	3,755	1,248	0	636	67.00
68.00	06800	SPEECH PATHOLOGY	25,681	2,193	729	0	372	68.00
69.00	06900	ELECTROCARDIOLOGY	16,251	8,734	2,903	850	1,480	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,226	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	201,799	5,087	1,691	0	862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	228,332	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	337,229	15,218	5,058	0	2,578	73.00
74.00	07400	RENAL DIALYSIS	21,166	17,498	5,816	0	2,964	74.00
76.00	03330	ENDOSCOPY	26,873	15,254	5,070	0	2,584	76.00
76.20	03951	PAIN CLINIC	22,308	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	13,227	14,048	4,669	0	2,380	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	44,447	0	0	0	0	90.00
91.00	09100	EMERGENCY	197,456	38,856	12,915	8,607	6,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,449,944	760,202	239,481	44,189	119,024	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,138	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	166,976	209,147	69,518	0	35,431	192.00
192.10	19201	CARDIOLOGY CLINIC	2,772	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	27,433	21,283	7,074	0	3,606	192.20
192.30	19203	MCLEAN CO EMS	13,340	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	36,511	12,935	4,299	0	2,191	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	445	856	284	0	145	192.60
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)	3,720,559	1,004,423	320,656	44,189	160,397	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part II
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	88,485					10.00
11.00	01100	CAFETERIA	0	124,505				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,061	436,867			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,291	7,161	137,488		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,661	0	0	92,935	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
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	79,304	41,790	231,917	3,667	7,579	30.00
43.00	04300	NURSERY	811	1,018	5,647	0	201	43.00
44.00	04400	SKILLED NURSING FACILITY	5,470	2,235	12,400	211	173	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,633	47,908	0	6,747	50.00
51.00	05100	RECOVERY ROOM	0	1,083	6,012	20	382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,900	3,639	20,191	0	719	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,492	775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,141	0	402	2,139	54.00
54.10	03440	MAMMOGRAPHY	0	1,308	0	200	990	54.10
54.20	03630	ULTRA SOUND	0	1,625	0	876	1,512	54.20
54.30	05401	ECHOCARDIOLOGY	0	1,008	5,592	7	1,248	54.30
56.00	05600	RADIOISOTOPE	0	888	0	342	2,260	56.00
57.00	05700	CT SCAN	0	2,015	0	2,279	5,812	57.00
58.00	05800	MRI	0	607	0	823	1,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,169	12,035	0	4,786	59.00
60.00	06000	LABORATORY	0	8,813	0	1,909	14,064	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	329	63.00
64.00	06400	INTRAVENOUS THERAPY	0	763	0	114	293	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,691	14,931	0	1,753	65.00
66.00	06600	PHYSICAL THERAPY	0	6,082	0	199	1,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,733	0	0	565	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,081	0	529	173	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,036	5,747	147	858	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,998	0	128	985	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	785	0	104,106	5,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,541	0	10,158	17,165	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	370	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	384	76.00
76.20	03951	PAIN CLINIC	0	1,440	7,990	992	565	76.20
76.97	07697	CARDIAC REHABILITATION	0	731	0	28	136	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,410	0	1,462	735	90.00
91.00	09100	EMERGENCY	0	10,693	59,336	2,346	4,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,485	120,969	436,867	133,437	92,935	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	848	0	14	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	106	0	3,905	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	92	0	3	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	781	0	4	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	1,683	0	125	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	26	0	0	0	192.60
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)	88,485	124,505	436,867	137,488	92,935	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet B
Part II
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	22.00	24.00	25.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	28,648					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,613		2,808,108	0	2,808,108	30.00
43.00	04300	NURSERY	1,334		66,856	0	66,856	43.00
44.00	04400	SKILLED NURSING FACILITY	1,701		161,572	0	161,572	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		2,069,938	0	2,069,938	50.00
51.00	05100	RECOVERY ROOM	0		117,697	0	117,697	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		608,508	0	608,508	52.00
53.00	05300	ANESTHESIOLOGY	0		85,445	0	85,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		640,938	0	640,938	54.00
54.10	03440	MAMMOGRAPHY	0		304,356	0	304,356	54.10
54.20	03630	ULTRA SOUND	0		74,457	0	74,457	54.20
54.30	05401	ECHOCARDIOLOGY	0		71,370	0	71,370	54.30
56.00	05600	RADIOISOTOPE	0		114,669	0	114,669	56.00
57.00	05700	CT SCAN	0		306,406	0	306,406	57.00
58.00	05800	MRI	0		306,662	0	306,662	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		404,134	0	404,134	59.00
60.00	06000	LABORATORY	0		707,885	0	707,885	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		26,593	0	26,593	63.00
64.00	06400	INTRAVENOUS THERAPY	0		66,740	0	66,740	64.00
65.00	06500	RESPIRATORY THERAPY	0		168,671	0	168,671	65.00
66.00	06600	PHYSICAL THERAPY	0		688,120	0	688,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		55,224	0	55,224	67.00
68.00	06800	SPEECH PATHOLOGY	0		132,684	0	132,684	68.00
69.00	06900	ELECTROCARDIOLOGY	0		101,501	0	101,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		163,310	0	163,310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		547,394	0	547,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		233,650	0	233,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		944,338	0	944,338	73.00
74.00	07400	RENAL DIALYSIS	0		131,594	0	131,594	74.00
76.00	03330	ENDOSCOPY	0		123,200	0	123,200	76.00
76.20	03951	PAIN CLINIC	0		128,680	0	128,680	76.20
76.97	07697	CARDIAC REHABILITATION	0		178,583	0	178,583	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		206,456	0	206,456	90.00
91.00	09100	EMERGENCY	0		574,581	0	574,581	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,648	0	13,320,320	0	13,320,320	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		227,102	0	227,102	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		1,486,458	0	1,486,458	192.00
192.10	19201	CARDIOLOGY CLINIC	0		2,867	0	2,867	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0		193,941	0	193,941	192.20
192.30	19203	MCLEAN CO EMS	0		13,340	0	13,340	192.30
192.40	19204	INDUSTRIAL MEDICINE	0		124,110	0	124,110	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0		5,853	0	5,853	192.60
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,648	0	15,373,991	0	15,373,991	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	429,566				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,800,195			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	48,366,508		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,738	3,217,182	4,551,841	-22,770,651	5.00
6.00	00600	MAINTENANCE & REPAIRS	58,145	85,443	1,165,991	0	6.00
7.00	00700	OPERATION OF PLANT	13,273	8,960	382,072	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	0	29,405	0	8.00
9.00	00900	HOUSEKEEPING	4,342	20,643	1,224,958	0	9.00
10.00	01000	DIETARY	2,518	10,770	445,440	0	10.00
11.00	01100	CAFETERIA	5,136	11,408	505,854	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,740	305,937	810,626	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,554	21,075	229,254	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,076	17	974,500	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
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	74,322	319,815	12,385,813	0	30.00
43.00	04300	NURSERY	1,000	20,656	335,731	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	11,121	599,705	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,975	1,233,316	2,647,721	0	50.00
51.00	05100	RECOVERY ROOM	4,738	0	418,385	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,967	73,843	1,200,227	0	52.00
53.00	05300	ANESTHESIOLOGY	472	63,525	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,918	218,066	844,444	0	54.00
54.10	03440	MAMMOGRAPHY	3,163	132,268	357,115	0	54.10
54.20	03630	ULTRA SOUND	1,738	4,118	610,627	0	54.20
54.30	05401	ECHOCARDIOLOGY	1,952	6,801	379,524	0	54.30
56.00	05600	RADIOISOTOPE	1,522	48,751	321,658	0	56.00
57.00	05700	CT SCAN	3,247	105,290	632,397	0	57.00
58.00	05800	MRI	3,299	21,515	239,046	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	247,354	821,887	0	59.00
60.00	06000	LABORATORY	10,716	57,752	2,263,864	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,141	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,496	6,370	233,684	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,879	70,333	856,906	0	65.00
66.00	06600	PHYSICAL THERAPY	5,133	42,719	2,375,420	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,255	715	593,291	0	67.00
68.00	06800	SPEECH PATHOLOGY	733	25,756	402,150	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919	21,829	303,797	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44,241	607,028	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	0	115,108	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,086	116,019	1,504,641	0	73.00
74.00	07400	RENAL DIALYSIS	5,848	0	0	0	74.00
76.00	03330	ENDOSCOPY	5,098	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	32,241	352,521	0	76.20
76.97	07697	CARDIAC REHABILITATION	4,695	76,637	209,834	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	4,304	403,894	0	90.00
91.00	09100	EMERGENCY	12,986	47,630	3,436,282	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	347,946	6,738,561	45,772,641	-22,770,651	103,114,898
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,087	252,090	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,898	0	1,233,546	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	24,026	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	7,113	32,082	197,889	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	250,243	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	4,323	4,465	629,467	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	0	6,606	0	192.60
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)	6,154,062	6,752,760	16,328,773	22,770,651	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.326232	0.993024	0.337605	0.204766	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			0		3,720,559	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.033457	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: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	335,683					6.00
7.00	00700	OPERATION OF PLANT	13,273	322,410				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	1,640	700,277			8.00
9.00	00900	HOUSEKEEPING	4,342	4,342	0	316,428		9.00
10.00	01000	DIETARY	2,518	2,518	463	2,518	135,776	10.00
11.00	01100	CAFETERIA	5,136	5,136	420	5,136	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,740	2,740	0	2,740	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,554	4,554	4,605	4,554	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,076	2,076	0	2,076	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
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	74,322	74,322	309,933	74,322	121,688	30.00
43.00	04300	NURSERY	1,000	1,000	16,993	1,000	1,245	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	5,052	43,143	5,052	8,393	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,975	22,975	40,217	22,975	0	50.00
51.00	05100	RECOVERY ROOM	4,738	4,738	0	4,738	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,967	22,967	60,751	22,967	4,450	52.00
53.00	05300	ANESTHESIOLOGY	472	472	0	472	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,918	5,918	15,443	5,918	0	54.00
54.10	03440	MAMMOGRAPHY	3,163	3,163	1,708	3,163	0	54.10
54.20	03630	ULTRA SOUND	1,738	1,738	148	1,738	0	54.20
54.30	05401	ECHOCARDIOLOGY	1,952	1,952	0	1,952	0	54.30
56.00	05600	RADIOISOTOPE	1,522	1,522	1,411	1,522	0	56.00
57.00	05700	CT SCAN	3,247	3,247	27,828	3,247	0	57.00
58.00	05800	MRI	3,299	3,299	12,347	3,299	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	4,875	13,744	4,875	0	59.00
60.00	06000	LABORATORY	10,716	10,716	0	10,716	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,496	2,496	0	2,496	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,879	1,879	0	1,879	0	65.00
66.00	06600	PHYSICAL THERAPY	5,133	5,133	1,256	5,133	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,255	1,255	0	1,255	0	67.00
68.00	06800	SPEECH PATHOLOGY	733	733	0	733	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919	2,919	13,473	2,919	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	1,700	0	1,700	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	5,086	5,086	0	5,086	0	73.00
74.00	07400	RENAL DIALYSIS	5,848	5,848	0	5,848	0	74.00
76.00	03330	ENDOSCOPY	5,098	5,098	0	5,098	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	4,695	4,695	0	4,695	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,986	12,986	136,394	12,986	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	254,063	240,790	700,277	234,808	135,776	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,898	69,898	0	69,898	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	7,113	7,113	0	7,113	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	4,323	4,323	0	4,323	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	286	0	286	0	192.60
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)	3,117,580	3,072,154	540,609	2,256,104	1,159,435	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.287274	9.528718	0.771993	7.129913	8.539322	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,004,423	320,656	44,189	160,397	88,485	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.992177	0.994560	0.063102	0.506899	0.651698	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
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: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	62,516					11.00
13.00	01300	NURSING ADMINISTRATION	1,035	39,530				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	648	648	7,638,532			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,838	0	0	696,790,665		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	30,409	17.00
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	20,985	20,985	203,712	56,983,667	27,187	30.00
43.00	04300	NURSERY	511	511	0	1,511,340	1,416	43.00
44.00	04400	SKILLED NURSING FACILITY	1,122	1,122	11,705	1,303,903	1,806	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,335	4,335	0	50,726,284	0	50.00
51.00	05100	RECOVERY ROOM	544	544	1,106	2,871,405	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,827	1,827	0	5,402,994	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	138,439	5,827,085	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,577	0	22,350	16,085,396	0	54.00
54.10	03440	MAMMOGRAPHY	657	0	11,104	7,443,402	0	54.10
54.20	03630	ULTRA SOUND	816	0	48,681	11,370,757	0	54.20
54.30	05401	ECHOCARDIOLOGY	506	506	382	9,385,922	0	54.30
56.00	05600	RADIOISOTOPE	446	0	19,017	16,990,698	0	56.00
57.00	05700	CT SCAN	1,012	0	126,598	43,702,122	0	57.00
58.00	05800	MRI	305	0	45,717	11,544,523	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,089	1,089	0	35,983,502	0	59.00
60.00	06000	LABORATORY	4,425	0	106,040	105,747,016	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,472,307	0	63.00
64.00	06400	INTRAVENOUS THERAPY	383	0	6,360	2,199,841	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,351	1,351	0	13,179,093	0	65.00
66.00	06600	PHYSICAL THERAPY	3,054	0	11,075	14,771,833	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	870	0	0	4,248,167	0	67.00
68.00	06800	SPEECH PATHOLOGY	543	0	29,397	1,297,167	0	68.00
69.00	06900	ELECTROCARDIOLOGY	520	520	8,189	6,447,967	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,003	0	7,117	7,404,527	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	394	0	5,783,885	44,875,047	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,985,638	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,778	0	564,360	127,093,820	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,784,747	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	2,889,148	0	76.00
76.20	03951	PAIN CLINIC	723	723	55,102	4,247,831	0	76.20
76.97	07697	CARDIAC REHABILITATION	367	0	1,569	1,024,748	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	708	0	81,219	5,524,775	0	90.00
91.00	09100	EMERGENCY	5,369	5,369	130,314	33,463,993	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,741	39,530	7,413,438	696,790,665	30,409	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	426	0	805	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	53	0	216,930	0	0	192.00
192.10	19201	CARDIOLOGY CLINIC	46	0	193	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	392	0	226	0	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	845	0	6,940	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	13	0	0	0	0	192.60
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)	727,405	2,943,583	786,737	1,882,438	1,031,604	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.635501	74.464533	0.102996	0.002702	33.924299	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	124,505	436,867	137,488	92,935	28,648	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INV ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.991570	11.051530	0.017999	0.000133	0.942090	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: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER		
		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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.10	03440	MAMMOGRAPHY	0	54.10
54.20	03630	ULTRA SOUND	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	54.30
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
76.20	03951	PAIN CLINIC	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	192.20
192.30	19203	MCLEAN CO EMS	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	192.60
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	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		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: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet C
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,469,016		30,469,016	9,768	30,478,784	30.00
43.00	04300	NURSERY	773,862		773,862	0	773,862	43.00
44.00	04400	SKILLED NURSING FACILITY	1,498,339		1,498,339	0	1,498,339	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,878,757		8,878,757	75,350	8,954,107	50.00
51.00	05100	RECOVERY ROOM	934,941		934,941	0	934,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,433,171		3,433,171	0	3,433,171	52.00
53.00	05300	ANESTHESIOLOGY	410,053		410,053	28,060	438,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,742,430		4,742,430	0	4,742,430	54.00
54.10	03440	MAMMOGRAPHY	1,134,783		1,134,783	0	1,134,783	54.10
54.20	03630	ULTRA SOUND	1,301,679		1,301,679	0	1,301,679	54.20
54.30	05401	ECHOCARDIOLOGY	840,706		840,706	9,204	849,910	54.30
56.00	05600	RADIOISOTOPE	1,319,178		1,319,178	0	1,319,178	56.00
57.00	05700	CT SCAN	1,794,553		1,794,553	0	1,794,553	57.00
58.00	05800	MRI	1,408,843		1,408,843	0	1,408,843	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,017,049		2,017,049	17,534	2,034,583	59.00
60.00	06000	LABORATORY	6,678,835		6,678,835	0	6,678,835	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	804,352		804,352	0	804,352	63.00
64.00	06400	INTRAVENOUS THERAPY	517,690		517,690	0	517,690	64.00
65.00	06500	RESPIRATORY THERAPY	1,715,848	0	1,715,848	0	1,715,848	65.00
66.00	06600	PHYSICAL THERAPY	5,062,227	0	5,062,227	0	5,062,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,083,972	0	1,083,972	0	1,083,972	67.00
68.00	06800	SPEECH PATHOLOGY	956,642	0	956,642	0	956,642	68.00
69.00	06900	ELECTROCARDIOLOGY	734,365		734,365	0	734,365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,228,864		1,228,864	0	1,228,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,032,325		8,032,325	0	8,032,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,330,141		8,330,141	0	8,330,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,697,310		12,697,310	0	12,697,310	73.00
74.00	07400	RENAL DIALYSIS	921,439		921,439	0	921,439	74.00
76.00	03330	ENDOSCOPY	1,107,771		1,107,771	0	1,107,771	76.00
76.20	03951	PAIN CLINIC	882,692		882,692	0	882,692	76.20
76.97	07697	CARDIAC REHABILITATION	605,301		605,301	0	605,301	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,632,031		1,632,031	0	1,632,031	90.00
91.00	09100	EMERGENCY	8,118,603		8,118,603	121,550	8,240,153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,069,847		3,069,847		3,069,847	92.00
200.00		Subtotal (see instructions)	125,137,615	0	125,137,615	261,466	125,399,081	200.00
201.00		Less Observation Beds	3,069,847		3,069,847		3,069,847	201.00
202.00		Total (see instructions)	122,067,768	0	122,067,768	261,466	122,329,234	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet C
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,924,742		50,924,742		30.00
43.00	04300	NURSERY	1,511,340		1,511,340		43.00
44.00	04400	SKILLED NURSING FACILITY	1,303,903		1,303,903		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,115,508	21,610,776	50,726,284	0.175033	50.00
51.00	05100	RECOVERY ROOM	1,553,087	1,318,318	2,871,405	0.325604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,579,397	823,597	5,402,994	0.635420	52.00
53.00	05300	ANESTHESIOLOGY	3,302,171	2,524,914	5,827,085	0.070370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,446,525	11,638,871	16,085,396	0.294828	54.00
54.10	03440	MAMMOGRAPHY	1,288	7,442,114	7,443,402	0.152455	54.10
54.20	03630	ULTRA SOUND	2,146,743	9,224,014	11,370,757	0.114476	54.20
54.30	05401	ECHOCARDIOLOGY	3,762,720	5,623,202	9,385,922	0.089571	54.30
56.00	05600	RADIOISOTOPE	2,448,169	14,542,529	16,990,698	0.077641	56.00
57.00	05700	CT SCAN	14,402,282	29,299,840	43,702,122	0.041063	57.00
58.00	05800	MRI	3,806,482	7,738,041	11,544,523	0.122036	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,635,863	17,347,639	35,983,502	0.056055	59.00
60.00	06000	LABORATORY	36,865,415	68,881,601	105,747,016	0.063159	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,815,508	656,799	2,472,307	0.325345	63.00
64.00	06400	INTRAVENOUS THERAPY	518,528	1,681,313	2,199,841	0.235331	64.00
65.00	06500	RESPIRATORY THERAPY	10,827,858	2,351,235	13,179,093	0.130195	65.00
66.00	06600	PHYSICAL THERAPY	3,838,429	10,933,404	14,771,833	0.342695	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,256,836	1,991,331	4,248,167	0.255162	67.00
68.00	06800	SPEECH PATHOLOGY	364,764	932,403	1,297,167	0.737486	68.00
69.00	06900	ELECTROCARDIOLOGY	1,598,633	4,849,334	6,447,967	0.113891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	491,962	6,912,565	7,404,527	0.165961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,561,615	15,313,432	44,875,047	0.178993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,533,130	10,452,508	39,985,638	0.208328	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,529,003	47,564,817	127,093,820	0.099905	73.00
74.00	07400	RENAL DIALYSIS	2,692,929	91,818	2,784,747	0.330888	74.00
76.00	03330	ENDOSCOPY	2,487,236	401,912	2,889,148	0.383425	76.00
76.20	03951	PAIN CLINIC	0	4,247,831	4,247,831	0.207798	76.20
76.97	07697	CARDIAC REHABILITATION	277,418	747,330	1,024,748	0.590683	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	35,889	5,488,886	5,524,775	0.295402	90.00
91.00	09100	EMERGENCY	8,331,559	25,132,434	33,463,993	0.242607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,965,011	4,093,914	6,058,925	0.506665	92.00
200.00		Subtotal (see instructions)	354,931,943	341,858,722	696,790,665		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	354,931,943	341,858,722	696,790,665		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 11:59 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176518		50.00
51.00	05100	RECOVERY ROOM	0.325604		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.635420		52.00
53.00	05300	ANESTHESIOLOGY	0.075186		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.294828		54.00
54.10	03440	MAMMOGRAPHY	0.152455		54.10
54.20	03630	ULTRA SOUND	0.114476		54.20
54.30	05401	ECHOCARDIOLOGY	0.090552		54.30
56.00	05600	RADIOISOTOPE	0.077641		56.00
57.00	05700	CT SCAN	0.041063		57.00
58.00	05800	MRI	0.122036		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056542		59.00
60.00	06000	LABORATORY	0.063159		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.325345		63.00
64.00	06400	INTRAVENOUS THERAPY	0.235331		64.00
65.00	06500	RESPIRATORY THERAPY	0.130195		65.00
66.00	06600	PHYSICAL THERAPY	0.342695		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255162		67.00
68.00	06800	SPEECH PATHOLOGY	0.737486		68.00
69.00	06900	ELECTROCARDIOLOGY	0.113891		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165961		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.178993		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208328		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099905		73.00
74.00	07400	RENAL DIALYSIS	0.330888		74.00
76.00	03330	ENDOSCOPY	0.383425		76.00
76.20	03951	PAIN CLINIC	0.207798		76.20
76.97	07697	CARDIAC REHABILITATION	0.590683		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.295402		90.00
91.00	09100	EMERGENCY	0.246239		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506665		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet C
Part I
Date/Time Prepared:
2/26/2019 11:59 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	30,469,016		30,469,016	9,768	30,478,784	30.00	
43.00	04300	NURSERY	773,862		773,862	0	773,862	43.00	
44.00	04400	SKILLED NURSING FACILITY	1,498,339		1,498,339	0	1,498,339	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,878,757		8,878,757	75,350	8,954,107	50.00	
51.00	05100	RECOVERY ROOM	934,941		934,941	0	934,941	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,433,171		3,433,171	0	3,433,171	52.00	
53.00	05300	ANESTHESIOLOGY	410,053		410,053	28,060	438,113	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,742,430		4,742,430	0	4,742,430	54.00	
54.10	03440	MAMMOGRAPHY	1,134,783		1,134,783	0	1,134,783	54.10	
54.20	03630	ULTRA SOUND	1,301,679		1,301,679	0	1,301,679	54.20	
54.30	05401	ECHOCARDIOLOGY	840,706		840,706	9,204	849,910	54.30	
56.00	05600	RADIOISOTOPE	1,319,178		1,319,178	0	1,319,178	56.00	
57.00	05700	CT SCAN	1,794,553		1,794,553	0	1,794,553	57.00	
58.00	05800	MRI	1,408,843		1,408,843	0	1,408,843	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,017,049		2,017,049	17,534	2,034,583	59.00	
60.00	06000	LABORATORY	6,678,835		6,678,835	0	6,678,835	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	804,352		804,352	0	804,352	63.00	
64.00	06400	INTRAVENOUS THERAPY	517,690		517,690	0	517,690	64.00	
65.00	06500	RESPIRATORY THERAPY	1,715,848	0	1,715,848	0	1,715,848	65.00	
66.00	06600	PHYSICAL THERAPY	5,062,227	0	5,062,227	0	5,062,227	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,083,972	0	1,083,972	0	1,083,972	67.00	
68.00	06800	SPEECH PATHOLOGY	956,642	0	956,642	0	956,642	68.00	
69.00	06900	ELECTROCARDIOLOGY	734,365		734,365	0	734,365	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,228,864		1,228,864	0	1,228,864	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,032,325		8,032,325	0	8,032,325	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,330,141		8,330,141	0	8,330,141	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,697,310		12,697,310	0	12,697,310	73.00	
74.00	07400	RENAL DIALYSIS	921,439		921,439	0	921,439	74.00	
76.00	03330	ENDOSCOPY	1,107,771		1,107,771	0	1,107,771	76.00	
76.20	03951	PAIN CLINIC	882,692		882,692	0	882,692	76.20	
76.97	07697	CARDIAC REHABILITATION	605,301		605,301	0	605,301	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,632,031		1,632,031	0	1,632,031	90.00	
91.00	09100	EMERGENCY	8,118,603		8,118,603	121,550	8,240,153	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,069,847		3,069,847		3,069,847	92.00	
200.00		Subtotal (see instructions)	125,137,615	0	125,137,615	261,466	125,399,081	200.00	
201.00		Less Observation Beds	3,069,847		3,069,847		3,069,847	201.00	
202.00		Total (see instructions)	122,067,768	0	122,067,768	261,466	122,329,234	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet C
Part I
Date/Time Prepared:
2/26/2019 11:59 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	50,924,742		50,924,742		30.00
43.00	04300	NURSERY	1,511,340		1,511,340		43.00
44.00	04400	SKILLED NURSING FACILITY	1,303,903		1,303,903		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,115,508	21,610,776	50,726,284	0.175033	50.00
51.00	05100	RECOVERY ROOM	1,553,087	1,318,318	2,871,405	0.325604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,579,397	823,597	5,402,994	0.635420	52.00
53.00	05300	ANESTHESIOLOGY	3,302,171	2,524,914	5,827,085	0.070370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,446,525	11,638,871	16,085,396	0.294828	54.00
54.10	03440	MAMMOGRAPHY	1,288	7,442,114	7,443,402	0.152455	54.10
54.20	03630	ULTRA SOUND	2,146,743	9,224,014	11,370,757	0.114476	54.20
54.30	05401	ECHOCARDIOLOGY	3,762,720	5,623,202	9,385,922	0.089571	54.30
56.00	05600	RADIOISOTOPE	2,448,169	14,542,529	16,990,698	0.077641	56.00
57.00	05700	CT SCAN	14,402,282	29,299,840	43,702,122	0.041063	57.00
58.00	05800	MRI	3,806,482	7,738,041	11,544,523	0.122036	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,635,863	17,347,639	35,983,502	0.056055	59.00
60.00	06000	LABORATORY	36,865,415	68,881,601	105,747,016	0.063159	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,815,508	656,799	2,472,307	0.325345	63.00
64.00	06400	INTRAVENOUS THERAPY	518,528	1,681,313	2,199,841	0.235331	64.00
65.00	06500	RESPIRATORY THERAPY	10,827,858	2,351,235	13,179,093	0.130195	65.00
66.00	06600	PHYSICAL THERAPY	3,838,429	10,933,404	14,771,833	0.342695	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,256,836	1,991,331	4,248,167	0.255162	67.00
68.00	06800	SPEECH PATHOLOGY	364,764	932,403	1,297,167	0.737486	68.00
69.00	06900	ELECTROCARDIOLOGY	1,598,633	4,849,334	6,447,967	0.113891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	491,962	6,912,565	7,404,527	0.165961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,561,615	15,313,432	44,875,047	0.178993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,533,130	10,452,508	39,985,638	0.208328	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,529,003	47,564,817	127,093,820	0.099905	73.00
74.00	07400	RENAL DIALYSIS	2,692,929	91,818	2,784,747	0.330888	74.00
76.00	03330	ENDOSCOPY	2,487,236	401,912	2,889,148	0.383425	76.00
76.20	03951	PAIN CLINIC	0	4,247,831	4,247,831	0.207798	76.20
76.97	07697	CARDIAC REHABILITATION	277,418	747,330	1,024,748	0.590683	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	35,889	5,488,886	5,524,775	0.295402	90.00
91.00	09100	EMERGENCY	8,331,559	25,132,434	33,463,993	0.242607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,965,011	4,093,914	6,058,925	0.506665	92.00
200.00		Subtotal (see instructions)	354,931,943	341,858,722	696,790,665		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	354,931,943	341,858,722	696,790,665		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet C
Part I
Date/Time Prepared:
2/26/2019 11:59 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
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03440	MAMMOGRAPHY	0.000000			54.10
54.20	03630	ULTRA SOUND	0.000000			54.20
54.30	05401	ECHOCARDIOLOGY	0.000000			54.30
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000			63.00
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
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
76.00	03330	ENDOSCOPY	0.000000			76.00
76.20	03951	PAIN CLINIC	0.000000			76.20
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet D
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		2,808,108	0	2,808,108	30,232	92.89	30.00
43.00	NURSERY		66,856		66,856	1,416	47.21	43.00
44.00	SKILLED NURSING FACILITY		161,572		161,572	1,806	89.46	44.00
200.00	Total (lines 30 through 199)		3,036,536		3,036,536	33,454		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		12,332	1,145,519				30.00
43.00	NURSERY		0	0				43.00
44.00	SKILLED NURSING FACILITY		1,186	106,100				44.00
200.00	Total (lines 30 through 199)		13,518	1,251,619				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet D
Part II
Date/Time Prepared:
2/26/2019 11:59 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,069,938	50,726,284	0.040806	11,037,970	450,415	50.00
51.00	05100	RECOVERY ROOM	117,697	2,871,405	0.040989	507,548	20,804	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	608,508	5,402,994	0.112624	0	0	52.00
53.00	05300	ANESTHESIOLOGY	85,445	5,827,085	0.014663	1,184,276	17,365	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	640,938	16,085,396	0.039846	2,230,649	88,882	54.00
54.10	03440	MAMMOGRAPHY	304,356	7,443,402	0.040889	0	0	54.10
54.20	03630	ULTRA SOUND	74,457	11,370,757	0.006548	995,688	6,520	54.20
54.30	05401	ECHOCARDIOLOGY	71,370	9,385,922	0.007604	1,852,190	14,084	54.30
56.00	05600	RADIOISOTOPE	114,669	16,990,698	0.006749	1,280,707	8,643	56.00
57.00	05700	CT SCAN	306,406	43,702,122	0.007011	6,629,510	46,479	57.00
58.00	05800	MRI	306,662	11,544,523	0.026563	1,632,170	43,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	404,134	35,983,502	0.011231	6,988,180	78,484	59.00
60.00	06000	LABORATORY	707,885	105,747,016	0.006694	16,365,512	109,551	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	26,593	2,472,307	0.010756	821,399	8,835	63.00
64.00	06400	INTRAVENOUS THERAPY	66,740	2,199,841	0.030339	243,055	7,374	64.00
65.00	06500	RESPIRATORY THERAPY	168,671	13,179,093	0.012798	5,332,044	68,239	65.00
66.00	06600	PHYSICAL THERAPY	688,120	14,771,833	0.046583	1,702,367	79,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,224	4,248,167	0.012999	959,457	12,472	67.00
68.00	06800	SPEECH PATHOLOGY	132,684	1,297,167	0.102288	199,185	20,374	68.00
69.00	06900	ELECTROCARDIOLOGY	101,501	6,447,967	0.015742	802,599	12,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,310	7,404,527	0.022055	354,355	7,815	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	547,394	44,875,047	0.012198	12,739,231	155,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,650	39,985,638	0.005843	12,282,514	71,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	944,338	127,093,820	0.007430	33,360,456	247,868	73.00
74.00	07400	RENAL DIALYSIS	131,594	2,784,747	0.047255	1,555,789	73,519	74.00
76.00	03330	ENDOSCOPY	123,200	2,889,148	0.042642	1,294,147	55,185	76.00
76.20	03951	PAIN CLINIC	128,680	4,247,831	0.030293	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	178,583	1,024,748	0.174270	97,454	16,983	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	206,456	5,524,775	0.037369	29,185	1,091	90.00
91.00	09100	EMERGENCY	574,581	33,463,993	0.017170	3,928,224	67,448	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	282,834	6,058,925	0.046681	961,342	44,876	92.00
200.00		Total (lines 50 through 199)	10,566,618	643,050,680		127,367,203	1,835,757	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part III Date/Time Prepared: 2/26/2019 11:59 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	30,232	0.00	12,332		30.00	
43.00	04300	NURSERY			0	1,416	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY			0	1,806	0.00	1,186		44.00	
200.00		Total (lines 30 through 199)			0	33,454		13,518		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 11:59 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	0	0	54.30
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 11:59 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
			4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	50,726,284	0.000000	50.00		
51.00	05100	RECOVERY ROOM	0	0	0	2,871,405	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,402,994	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	0	0	0	5,827,085	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,085,396	0.000000	54.00		
54.10	03440	MAMMOGRAPHY	0	0	0	7,443,402	0.000000	54.10		
54.20	03630	ULTRA SOUND	0	0	0	11,370,757	0.000000	54.20		
54.30	05401	ECHOCARDIOLOGY	0	0	0	9,385,922	0.000000	54.30		
56.00	05600	RADIOISOTOPE	0	0	0	16,990,698	0.000000	56.00		
57.00	05700	CT SCAN	0	0	0	43,702,122	0.000000	57.00		
58.00	05800	MRI	0	0	0	11,544,523	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,983,502	0.000000	59.00		
60.00	06000	LABORATORY	0	0	0	105,747,016	0.000000	60.00		
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,472,307	0.000000	63.00		
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,199,841	0.000000	64.00		
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,179,093	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	14,771,833	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,248,167	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,297,167	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,447,967	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,404,527	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,875,047	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,985,638	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	127,093,820	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	2,784,747	0.000000	74.00		
76.00	03330	ENDOSCOPY	0	0	0	2,889,148	0.000000	76.00		
76.20	03951	PAIN CLINIC	0	0	0	4,247,831	0.000000	76.20		
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,024,748	0.000000	76.97		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	0	5,524,775	0.000000	90.00		
91.00	09100	EMERGENCY	0	0	0	33,463,993	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	6,058,925	0.000000	92.00		
200.00		Total (lines 50 through 199)	0	0	0	643,050,680		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 11:59 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		11,037,970	0	5,092,005	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		507,548	0	452,559	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		1,184,276	0	567,029	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		2,230,649	0	2,875,030	0	54.00
54.10	03440	MAMMOGRAPHY	0.000000		0	0	105,207	0	54.10
54.20	03630	ULTRA SOUND	0.000000		995,688	0	2,144,143	0	54.20
54.30	05401	ECHOCARDIOLOGY	0.000000		1,852,190	0	1,565,008	0	54.30
56.00	05600	RADIOISOTOPE	0.000000		1,280,707	0	4,575,473	0	56.00
57.00	05700	CT SCAN	0.000000		6,629,510	0	6,103,298	0	57.00
58.00	05800	MRI	0.000000		1,632,170	0	1,498,590	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		6,988,180	0	7,228,794	0	59.00
60.00	06000	LABORATORY	0.000000		16,365,512	0	5,789,152	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		821,399	0	308,177	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		243,055	0	781,415	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		5,332,044	0	620,187	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,702,367	0	40,168	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		959,457	0	21,049	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		199,185	0	85,418	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		802,599	0	1,163,755	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		354,355	0	1,223,925	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		12,739,231	0	4,993,446	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		12,282,514	0	3,950,536	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		33,360,456	0	15,982,282	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		1,555,789	0	26,882	0	74.00
76.00	03330	ENDOSCOPY	0.000000		1,294,147	0	67,988	0	76.00
76.20	03951	PAIN CLINIC	0.000000		0	0	1,059,085	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.000000		97,454	0	248,181	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		29,185	0	2,448,720	0	90.00
91.00	09100	EMERGENCY	0.000000		3,928,224	0	4,276,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		961,342	0	524,038	0	92.00
200.00		Total (lines 50 through 199)			127,367,203	0	75,818,135	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part V Date/Time Prepared: 2/26/2019 11:59 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.175033	5,092,005	0	0	891,269	50.00
51.00	05100	RECOVERY ROOM		0.325604	452,559	0	0	147,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.635420	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.070370	567,029	0	0	39,902	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.294828	2,875,030	0	0	847,639	54.00
54.10	03440	MAMMOGRAPHY		0.152455	105,207	0	0	16,039	54.10
54.20	03630	ULTRA SOUND		0.114476	2,144,143	0	0	245,453	54.20
54.30	05401	ECHOCARDIOLOGY		0.089571	1,565,008	0	0	140,179	54.30
56.00	05600	RADIOISOTOPE		0.077641	4,575,473	0	0	355,244	56.00
57.00	05700	CT SCAN		0.041063	6,103,298	0	0	250,620	57.00
58.00	05800	MRI		0.122036	1,498,590	0	0	182,882	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.056055	7,228,794	0	0	405,210	59.00
60.00	06000	LABORATORY		0.063159	5,789,152	0	0	365,637	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.325345	308,177	0	0	100,264	63.00
64.00	06400	INTRAVENOUS THERAPY		0.235331	781,415	0	0	183,891	64.00
65.00	06500	RESPIRATORY THERAPY		0.130195	620,187	0	0	80,745	65.00
66.00	06600	PHYSICAL THERAPY		0.342695	40,168	0	0	13,765	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.255162	21,049	0	0	5,371	67.00
68.00	06800	SPEECH PATHOLOGY		0.737486	85,418	0	0	62,995	68.00
69.00	06900	ELECTROCARDIOLOGY		0.113891	1,163,755	0	0	132,541	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.165961	1,223,925	0	0	203,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.178993	4,993,446	0	0	893,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.208328	3,950,536	0	0	823,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.099905	15,982,282	657	175,787	1,596,710	73.00
74.00	07400	RENAL DIALYSIS		0.330888	26,882	0	0	8,895	74.00
76.00	03330	ENDOSCOPY		0.383425	67,988	0	0	26,068	76.00
76.20	03951	PAIN CLINIC		0.207798	1,059,085	0	0	220,076	76.20
76.97	07697	CARDIAC REHABILITATION		0.590683	248,181	0	0	146,596	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.295402	2,448,720	0	0	723,357	90.00
91.00	09100	EMERGENCY		0.242607	4,276,595	0	0	1,037,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.506665	524,038	0	0	265,512	92.00
200.00		Subtotal (see instructions)			75,818,135	657	175,787	10,411,670	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)			75,818,135	657	175,787	10,411,670	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 11:59 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03440	MAMMOGRAPHY	0	0		54.10
54.20	03630	ULTRA SOUND	0	0		54.20
54.30	05401	ECHOCARDIOLOGY	0	0		54.30
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
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
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	66	17,562		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.20	03951	PAIN CLINIC	0	0		76.20
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	66	17,562		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	66	17,562		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 11:59 pm	
			Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	0	0	54.30
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 11:59 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	50,726,284	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	2,871,405	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,402,994	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	5,827,085	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	16,085,396	0.000000	54.00
54.10	03440	MAMMOGRAPHY		0	0	0	7,443,402	0.000000	54.10
54.20	03630	ULTRA SOUND		0	0	0	11,370,757	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY		0	0	0	9,385,922	0.000000	54.30
56.00	05600	RADIOISOTOPE		0	0	0	16,990,698	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	43,702,122	0.000000	57.00
58.00	05800	MRI		0	0	0	11,544,523	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	35,983,502	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	105,747,016	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0	0	0	2,472,307	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,199,841	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	13,179,093	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	14,771,833	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,248,167	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,297,167	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	6,447,967	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	7,404,527	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	44,875,047	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	39,985,638	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	127,093,820	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,784,747	0.000000	74.00
76.00	03330	ENDOSCOPY		0	0	0	2,889,148	0.000000	76.00
76.20	03951	PAIN CLINIC		0	0	0	4,247,831	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,024,748	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	5,524,775	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	33,463,993	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	6,058,925	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	643,050,680		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/26/2019 11:59 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	16,966	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY	0.000000	0	0	0	0	0	54.10
54.20	03630	ULTRA SOUND	0.000000	13,112	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0.000000	4,797	0	0	0	0	54.30
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	15,162	0	0	0	0	57.00
58.00	05800	MRI	0.000000	5,160	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,416	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	262,040	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	1,735	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	119,308	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	344,361	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	304,628	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	13,980	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,786	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	171,148	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	334	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,121,929	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	0	0	0	0	0	76.00
76.20	03951	PAIN CLINIC	0.000000	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.000000	11,997	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			2,413,859	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part V Date/Time Prepared: 2/26/2019 11:59 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
						Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.175033	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.325604	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.635420	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.070370	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.294828	0	0	0	0	54.00
54.10	03440	MAMMOGRAPHY		0.152455	0	0	0	0	54.10
54.20	03630	ULTRA SOUND		0.114476	0	0	0	0	54.20
54.30	05401	ECHOCARDIOLOGY		0.089571	0	0	0	0	54.30
56.00	05600	RADIOISOTOPE		0.077641	0	0	0	0	56.00
57.00	05700	CT SCAN		0.041063	0	0	0	0	57.00
58.00	05800	MRI		0.122036	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.056055	0	0	0	0	59.00
60.00	06000	LABORATORY		0.063159	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.325345	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.235331	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.130195	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.342695	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.255162	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.737486	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.113891	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.165961	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.178993	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.208328	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.099905	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.330888	0	0	0	0	74.00
76.00	03330	ENDOSCOPY		0.383425	0	0	0	0	76.00
76.20	03951	PAIN CLINIC		0.207798	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION		0.590683	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.295402	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.242607	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.506665	0	0	0	0	92.00
200.00		Subtotal (see instructions)			0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)			0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0162		Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 11:59 pm
			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03440	MAMMOGRAPHY	0	0		54.10
54.20	03630	ULTRA SOUND	0	0		54.20
54.30	05401	ECHOCARDIOLOGY	0	0		54.30
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
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
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
76.00	03330	ENDOSCOPY	0	0		76.00
76.20	03951	PAIN CLINIC	0	0		76.20
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 11:59 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		30,232	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,232	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		27,187	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		12,332	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,478,784	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		30,478,784	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		30,478,784	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,008.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,432,629	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,432,629	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet D-1

Date/Time Prepared:
2/26/2019 11:59 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,989,073 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,421,702 49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,145,519 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,835,757 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,981,276 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,440,426 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0 54.00
55.00	Target amount per discharge					0.00 55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					3,045 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,008.16 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,069,847 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet D-1

Date/Time Prepared:
2/26/2019 11:59 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,808,108	30,478,784	0.092133	3,069,847	282,834	90.00
91.00 Nursing School cost	0	30,478,784	0.000000	3,069,847	0	91.00
92.00 Allied health cost	0	30,478,784	0.000000	3,069,847	0	92.00
93.00 All other Medical Education	0	30,478,784	0.000000	3,069,847	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 11:59 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,806	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,806	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,806	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,186	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,498,339	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,498,339	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,498,339	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 11:59 pm
			Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				1,498,339	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				829.65	71.00
72.00 Program routine service cost (line 9 x line 71)				983,965	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				983,965	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				983,965	83.00
84.00 Program inpatient ancillary services (see instructions)				397,330	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				1,381,295	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)				0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0162

Period:

Worksheet D-1

Component CCN: 14-5590

From 10/01/2017
To 09/30/2018Date/Time Prepared:
2/26/2019 11:59 pm

Title XVIII

Skilled Nursing
Facility

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/26/2019 11:59 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,240,602	30.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176518	11,037,970	50.00
51.00	05100	RECOVERY ROOM	0.325604	507,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.635420	0	52.00
53.00	05300	ANESTHESIOLOGY	0.075186	1,184,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.294828	2,230,649	54.00
54.10	03440	MAMMOGRAPHY	0.152455	0	54.10
54.20	03630	ULTRA SOUND	0.114476	995,688	54.20
54.30	05401	ECHOCARDIOLOGY	0.090552	1,852,190	54.30
56.00	05600	RADIOISOTOPE	0.077641	1,280,707	56.00
57.00	05700	CT SCAN	0.041063	6,629,510	57.00
58.00	05800	MRI	0.122036	1,632,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056542	6,988,180	59.00
60.00	06000	LABORATORY	0.063159	16,365,512	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.325345	821,399	63.00
64.00	06400	INTRAVENOUS THERAPY	0.235331	243,055	64.00
65.00	06500	RESPIRATORY THERAPY	0.130195	5,332,044	65.00
66.00	06600	PHYSICAL THERAPY	0.342695	1,702,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255162	959,457	67.00
68.00	06800	SPEECH PATHOLOGY	0.737486	199,185	68.00
69.00	06900	ELECTROCARDIOLOGY	0.113891	802,599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165961	354,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.178993	12,739,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.208328	12,282,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099905	33,360,456	73.00
74.00	07400	RENAL DIALYSIS	0.330888	1,555,789	74.00
76.00	03330	ENDOSCOPY	0.383425	1,294,147	76.00
76.20	03951	PAIN CLINIC	0.207798	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.590683	97,454	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.295402	29,185	90.00
91.00	09100	EMERGENCY	0.246239	3,928,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506665	961,342	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		127,367,203	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		127,367,203	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/26/2019 11:59 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.176518	0	0	50.00
51.00	05100 RECOVERY ROOM	0.325604	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.635420	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.075186	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.294828	16,966	5,002	54.00
54.10	03440 MAMMOGRAPHY	0.152455	0	0	54.10
54.20	03630 ULTRA SOUND	0.114476	13,112	1,501	54.20
54.30	05401 ECHOCARDIOLOGY	0.090552	4,797	434	54.30
56.00	05600 RADIOISOTOPE	0.077641	0	0	56.00
57.00	05700 CT SCAN	0.041063	15,162	623	57.00
58.00	05800 MRI	0.122036	5,160	630	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056542	4,416	250	59.00
60.00	06000 LABORATORY	0.063159	262,040	16,550	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.325345	1,735	564	63.00
64.00	06400 INTRAVENOUS THERAPY	0.235331	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.130195	119,308	15,533	65.00
66.00	06600 PHYSICAL THERAPY	0.342695	344,361	118,011	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.255162	304,628	77,729	67.00
68.00	06800 SPEECH PATHOLOGY	0.737486	13,980	10,310	68.00
69.00	06900 ELECTROCARDIOLOGY	0.113891	2,786	317	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.165961	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.178993	171,148	30,634	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.208328	334	70	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099905	1,121,929	112,086	73.00
74.00	07400 RENAL DIALYSIS	0.330888	0	0	74.00
76.00	03330 ENDOSCOPY	0.383425	0	0	76.00
76.20	03951 PAIN CLINIC	0.207798	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.590683	11,997	7,086	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.295402	0	0	90.00
91.00	09100 EMERGENCY	0.246239	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.506665	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,413,859	397,330	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,413,859		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 11:59 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			23,669,553	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)			415,396	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			128.66	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.80	30.00
31.00	Percentage of Medicaid patient days (see instructions)			13.24	31.00
32.00	Sum of lines 30 and 31			16.04	32.00
33.00	Allowable disproportionate share percentage (see instructions)			3.18	33.00
34.00	Disproportionate share adjustment (see instructions)			188,173	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 11:59 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000123229	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	833,853	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	833,853	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		833,853		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	25,106,975			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			25,106,975	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,027,900	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			27,134,875	59.00
60.00	Primary payer payments			160	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			27,134,715	61.00
62.00	Deductibles billed to program beneficiaries			2,917,500	62.00
63.00	Coinsurance billed to program beneficiaries			20,770	63.00
64.00	Allowable bad debts (see instructions)			557,278	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			362,231	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			483,333	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			24,558,676	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			116,212	70.93
70.94	HRR adjustment amount (see instructions)			-101,780	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 11:59 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			24,573,108	71.00
71.01	Sequestration adjustment (see instructions)			491,462	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			24,133,545	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-51,899	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			601,214	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/26/2019 11:59 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,628	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,411,670	2.00
3.00	OPPS payments		11,249,261	3.00
4.00	Outlier payment (see instructions)		435	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,628	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		176,444	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		176,444	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		176,444	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		158,816	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		17,628	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		11,249,696	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,069,377	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		9,197,947	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,197,947	30.00
31.00	Primary payer payments		481	31.00
32.00	Subtotal (line 30 minus line 31)		9,197,466	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		401,085	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		260,705	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		350,412	36.00
37.00	Subtotal (see instructions)		9,458,171	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	ADJUSTMENT PER THE PS&R		-49	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,458,122	40.00
40.01	Sequestration adjustment (see instructions)		189,162	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,186,524	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		82,436	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet E-1
Part I
Date/Time Prepared:
2/26/2019 11:59 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,133,545		9,186,524	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		24,133,545		9,186,524	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		82,436	6.01	
6.02	SETTLEMENT TO PROGRAM		51,899		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,081,646		9,268,960	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0162
 Component CCN: 14-5590

 Period:
 From 10/01/2017
 To 09/30/2018

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/26/2019 11:59 pm

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		388,810		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		388,810		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		388,810		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/26/2019 11:59 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 2/26/2019 11:59 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			411,781 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			411,781 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			15,036 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			396,745 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			396,745 15.00
15.01	Sequestration adjustment (see instructions)			7,935 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
16.00	Interim payments			388,810 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)			0 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet G

Date/Time Prepared:
2/26/2019 11:59 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	2,206,081	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	116,541,599	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-87,215,442	0	0	0	6.00
7.00	Inventory	3,653,240	0	0	0	7.00
8.00	Prepaid expenses	314,887	0	0	0	8.00
9.00	Other current assets	1,773,684	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	37,274,049	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,603,420	0	0	0	12.00
13.00	Land improvements	1,361,995	0	0	0	13.00
14.00	Accumulated depreciation	-1,361,995	0	0	0	14.00
15.00	Buildings	137,399,387	0	0	0	15.00
16.00	Accumulated depreciation	-77,898,280	0	0	0	16.00
17.00	Leasehold improvements	190,139	0	0	0	17.00
18.00	Accumulated depreciation	-132,863	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	62,794,540	0	0	0	23.00
24.00	Accumulated depreciation	-44,263,708	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	1,609,086	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	81,301,721	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	242,888,320	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	16,430,313	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	259,318,633	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	377,894,403	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,693,126	0	0	0	37.00
38.00	Salaries, wages, and fees payable	848,982	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	150,351	0	0	0	40.00
41.00	Deferred income	1,966	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-497,255	0	0	0	43.00
44.00	Other current liabilities	17,635,208	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,832,378	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	168,554	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	192,576	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	361,130	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,193,508	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	354,700,895	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	354,700,895	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	377,894,403	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-1

Date/Time Prepared:
2/26/2019 11:59 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		350,878,042		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		43,676,155				2.00
3.00	Total (sum of line 1 and line 2)		394,554,197		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INCREASE IN TEMPORARY RESTRICTED AS	244,875		0		0	5.00
6.00	OTHER - NONCONTROLLING INTEREST - S	1,870,349		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)		2,115,224		0		10.00
11.00	Subtotal (line 3 plus line 10)		396,669,421		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN RESTRICTED ASSETS	1,830		0		0	13.00
14.00	EQUITY TRANSFER	33,325,255		0		0	14.00
15.00	MINORITY INTEREST	814,746		0		0	15.00
16.00	DECREASE TO MINORITY INTEREST	7,826,695		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		41,968,526		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		354,700,895		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	INCREASE IN TEMPORARY RESTRICTED AS		0				5.00
6.00	OTHER - NONCONTROLLING INTEREST - S		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	CHANGE IN RESTRICTED ASSETS		0				13.00
14.00	EQUITY TRANSFER		0				14.00
15.00	MINORITY INTEREST		0				15.00
16.00	DECREASE TO MINORITY INTEREST		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: 14-0162

Period:
From 10/01/2017
To 09/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2019 11:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	52,436,082		52,436,082	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	1,303,903		1,303,903	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)	53,739,985		53,739,985	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	53,739,985		53,739,985	17.00
18.00	Ancillary services	290,859,499	307,143,488	598,002,987	18.00
19.00	Outpatient services	10,332,459	34,715,234	45,047,693	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	1,331,201	20,534,257	21,865,458	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	356,263,144	362,392,979	718,656,123	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		156,371,536		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)		156,371,536		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-3

Date/Time Prepared:
2/26/2019 11:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	718,656,123	1.00
2.00	Less contractual allowances and discounts on patients' accounts	540,826,847	2.00
3.00	Net patient revenues (line 1 minus line 2)	177,829,276	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	156,371,536	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,457,740	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	253,898	6.00
7.00	Income from investments	16,319,569	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	516,965	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	63,711	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	706,798	22.00
23.00	Governmental appropriations	1,500	23.00
24.00	RESEARCH	883,337	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	0	24.01
24.02	GAIN FROM DISPOSAL OF ASSETS	1,928,263	24.02
24.03	FINANCE CHARGE FROM PATIENT ACCOUNTS	613,168	24.03
24.04	RISK FOR VALUE BASED RESERVE	931,206	24.04
25.00	Total other income (sum of lines 6-24)	22,218,415	25.00
26.00	Total (line 5 plus line 25)	43,676,155	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	43,676,155	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0162	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/26/2019 11:59 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,917,564	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,056	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		75.07	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.80	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.24	8.00
9.00	Sum of lines 7 and 8		16.04	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.30	10.00
11.00	Disproportionate share adjustment (see instructions)		63,280	11.00
12.00	Total prospective capital payments (see instructions)		2,027,900	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00