

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: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/28/2018 2:36 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/28/2018	Time: 2:36 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 PRESENCE MERCY MEDICAL CENTER (14-0174) for the cost reporting period beginning 01/01/2018 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) KEVIN LARKIN
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	325,244	5,961	0	0	1.00
2.00	Subprovider - IPF	0	23,293	1,910		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	348,537	7,871	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: 14-0174		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 10:30 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:				1.00	
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE	
		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			PRESENCE MERCY MEDICAL CENTER	140174	20994	1	07/01/1966	N
4.00	Subprovider - IPF			PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	06/30/2018	20.00
21.00	Type of Control (see instructions)						1		21.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR §412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			2,842	936	0	0	825	131
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 10:30 am		
		Urban/Rural St	Date of Geogra			
		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) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	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	
		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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0174

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From 01/01/2018
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/28/2018 10:30 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00
			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
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2018
To 06/30/2018Worksheet S-2
Part I
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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.				Y	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 10:30 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	20,511	
		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.	Y	5.00		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	14H082		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0174		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 10:30 am					
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: PRESENCE HEALTH NETWORK		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00						
142.00	Street: 200 SOUTH WACKER DRIVE		PO Box:				142.00						
143.00	City: CHICAGO		State: IL		Zip Code: 60606		143.00						
								1.00					
144.00 Are provider based physicians' costs included in Worksheet A?								Y		144.00			
								1.00					
								2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00					
								1.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N		147.00			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N		148.00			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N		149.00			
				Part A		Part B		Title V		Title XIX			
				1.00		2.00		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital			N		N		N		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC			N		N		N		N	161.00		
								1.00					
Multicampus													
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N		165.00		
				Name		County		State		Zip Code	CBSA	FTE/Campus	
				0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	166.00
								1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0		168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)										168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99		169.00		
								Beginning		Ending			
								1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								01/01/2018		06/30/2018		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: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 10:30 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/12/2018
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	11/05/2018	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: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/28/2018 10:30 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847)813-3718	PATRICK.GILLILAND@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/28/2018 10:30 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR	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: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 10:30 am

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	210	38,010	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)		210	38,010	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	2,896	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		226	40,906	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	66	11,946		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		292			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: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 10:30 am

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)	3,455	1,324	11,855			1.00
2.00	HMO and other (see instructions)	1,774	3,286				2.00
3.00	HMO IPF Subprovider	0	1,378				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)	3,455	1,324	11,855			7.00
8.00	INTENSIVE CARE UNIT	520	48	568			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		53	267			13.00
14.00	Total (see instructions)	3,975	1,425	12,690	0.00	618.39	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,054	1,009	5,761	0.00	72.65	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	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	691.04	27.00
28.00	Observation Bed Days		534	2,230			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	23	38			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: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 10:30 am

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	922	828	3,020	1.00
2.00 HMO and other (see instructions)			384	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	922	828	3,020	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	111	464	970	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 10:30 am

	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	23,409,348	29,440	23,438,788	718,684.61	32.61
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,604,073	-184,231	2,419,842	76,485.35	31.64
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,734,499	0	1,734,499	39,435.21	43.98
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		213,053	0	213,053	1,656.00	128.66
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		7,427,811	0	7,427,811	186,415.00	39.85
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)		5,702,933	0	5,702,933		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		678,558	0	678,558		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,639,665	0	1,639,665		
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	-29,440	29,440	0	0.00	0.00
27.00	Administrative & General	5.00	2,122,150	0	2,122,150	55,269.28	38.40
28.00	Administrative & General under contract (see inst.)		2,262,034	0	2,262,034	12,201.00	185.40

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 10:30 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	831,565	0	831,565	31,323.75	30.00
31.00	Laundry & Linen Service	8.00	18,614	0	18,614	1,143.70	31.00
32.00	Housekeeping	9.00	630,447	0	630,447	40,595.45	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0.00	0.00	33.00
34.00	Dietary	10.00	410,519	-129,417	281,102	19,106.43	34.00
35.00	Dietary under contract (see instructions)		273,177	0	273,177	6,772.00	35.00
36.00	Cafeteria	11.00	0	129,417	129,417	8,859.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	587,149	0	587,149	13,570.29	38.00
39.00	Central Services and Supply	14.00	127,395	0	127,395	5,942.66	39.00
40.00	Pharmacy	15.00	1,014,435	0	1,014,435	21,015.48	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/28/2018 10:30 am

	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)	25,944,559	29,440	25,973,999	737,657.61	35.21	1.00
2.00	Excluded area salaries (see instructions)	2,604,073	-184,231	2,419,842	76,485.35	31.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23,340,486	213,671	23,554,157	661,172.26	35.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,375,363	0	9,375,363	227,506.21	41.21	4.00
5.00	Subtotal wage-related costs (see inst.)	7,342,598	0	7,342,598	0.00	31.17	5.00
6.00	Total (sum of lines 3 thru 5)	40,058,447	213,671	40,272,118	888,678.47	45.32	6.00
7.00	Total overhead cost (see instructions)	8,248,045	29,440	8,277,485	215,799.04	38.36	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2018 10:30 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		967,214	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)		798,202	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)		2,342,556	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		56,619	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		14,510	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)		78,824	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		283,668	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		1,723,942	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		24,802	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		91,156	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		6,381,493	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: 14-0174

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/28/2018 10:30 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,734,499	6,381,491	1.00
2.00	Hospital	1,734,499	5,702,933	2.00
3.00	Subprovider - IPF	0	608,264	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	70,294	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/28/2018 10:30 am	
				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)		0.164971		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,717,244		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				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		124,014,231		6.00
7.00	Medicaid cost (line 1 times line 6)		20,458,752		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)		3,741,508		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)		3,741,508		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)	19,027,185	878,697	19,905,882	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,138,934	878,697	4,017,631	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,138,934	878,697	4,017,631	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)		973,518		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		244,695		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		376,453		27.01
28.00	Non-Medicare bad debt expense (see instructions)		597,065		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		230,256		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,247,887		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,989,395		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		1,248,060	1,248,060	2,713,066	3,961,126	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,078,011	1,078,011	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-29,440	-542,534	-571,974	-116	-572,090	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,122,150	20,292,105	22,414,255	-737,896	21,676,359	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	971,913	971,913	-82,808	889,105	6.00
7.00	00700	OPERATION OF PLANT	831,565	2,126,761	2,958,326	-317,970	2,640,356	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,614	207,150	225,764	-75,243	150,521	8.00
9.00	00900	HOUSEKEEPING	630,447	436,263	1,066,710	-8,315	1,058,395	9.00
10.00	01000	DIETARY	410,519	858,534	1,269,053	-416,745	852,308	10.00
11.00	01100	CAFETERIA	0	0	0	400,073	400,073	11.00
13.00	01300	NURSING ADMINISTRATION	587,149	300,214	887,363	-128,932	758,431	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,395	239,053	366,448	-50,791	315,657	14.00
15.00	01500	PHARMACY	1,014,435	2,228,726	3,243,161	-1,761,817	1,481,344	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,999,123	1,597,696	6,596,819	-462,979	6,133,840	30.00
31.00	03100	INTENSIVE CARE UNIT	1,349,641	716,941	2,066,582	-145,752	1,920,830	31.00
40.00	04000	SUBPROVIDER - IPF	2,358,563	1,206,846	3,565,409	-459,178	3,106,231	40.00
43.00	04300	NURSERY	112,174	247,056	359,230	-4,307	354,923	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	812,303	4,019,886	4,832,189	-3,044,562	1,787,627	50.00
51.00	05100	RECOVERY ROOM	604,785	221,307	826,092	-40,954	785,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	763,226	687,661	1,450,887	-68,500	1,382,387	52.00
53.00	05300	ANESTHESIOLOGY	42,827	597,848	640,675	-84,601	556,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	813,019	617,768	1,430,787	-321,979	1,108,808	54.00
54.02	03630	ULTRA SOUND	182,883	187,312	370,195	-40,637	329,558	54.02
57.00	05700	CT SCAN	306,265	203,357	509,622	-95,165	414,457	57.00
58.00	05800	MRI	86,359	134,394	220,753	-116,236	104,517	58.00
59.00	05900	CARDIAC CATHETERIZATION	732,734	5,348,873	6,081,607	-5,037,904	1,043,703	59.00
60.00	06000	LABORATORY	38,706	2,495,133	2,533,839	-64,034	2,469,805	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	314,369	314,369	-314,369	0	63.00
65.00	06500	RESPIRATORY THERAPY	507,943	201,658	709,601	-71,895	637,706	65.00
66.00	06600	PHYSICAL THERAPY	0	744,891	744,891	-35,008	709,883	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	45,433	45,433	-35	45,398	67.00
68.00	06800	SPEECH PATHOLOGY	0	78,155	78,155	-630	77,525	68.00
69.00	06900	ELECTROCARDIOLOGY	246,489	102,467	348,956	-28,406	320,550	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,934,687	7,934,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,571,049	1,571,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,735,368	1,735,368	73.00
74.00	07400	RENAL DIALYSIS	13,430	327,275	340,705	-62	340,643	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	211,522	60,239	271,761	92,081	363,842	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	667	667	-667	0	76.00
76.97	07697	CARDIAC REHABILITATION	120,760	53,284	174,044	-7,262	166,782	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	284,633	247,965	532,598	-1,832	530,766	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	587,936	587,936	90.01
90.02	09002	PRCC	1,089,055	16,605,962	17,695,017	-405,067	17,289,950	90.02
91.00	09100	EMERGENCY	1,774,564	1,833,720	3,608,284	-408,204	3,200,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,275,768	1,275,768	-1,275,768	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,163,838	68,540,176	91,704,014	-4,355	91,699,659	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,594	19,594	-1,659	17,935	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	26,829	6,862	33,691	11,688	45,379	193.03
193.04	19304	FOUNDATION	0	3,739	3,739	-3,739	0	193.04
193.05	19305	LEASED BLDG	0	1,363	1,363	0	1,363	193.05
193.07	19307	PARISH NURSING	77,213	18,916	96,129	0	96,129	193.07
194.00	07950	OP PHARMACY	141,468	533,748	675,216	-1,935	673,281	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	23,409,348	69,124,398	92,533,746	0	92,533,746	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A

Date/Time Prepared:
11/28/2018 10:30 am

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	-995,326	2,965,800	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	58,663	1,136,674	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	88,963	-483,127	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,107,868	28,784,227	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	889,105	6.00
7.00	00700	OPERATION OF PLANT	-7,157	2,633,199	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	150,521	8.00
9.00	00900	HOUSEKEEPING	0	1,058,395	9.00
10.00	01000	DIETARY	-226,462	625,846	10.00
11.00	01100	CAFETERIA	0	400,073	11.00
13.00	01300	NURSING ADMINISTRATION	0	758,431	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	200,561	516,218	14.00
15.00	01500	PHARMACY	0	1,481,344	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	828,339	828,339	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,837	6,126,003	30.00
31.00	03100	INTENSIVE CARE UNIT	-86,812	1,834,018	31.00
40.00	04000	SUBPROVIDER - IPF	-566,969	2,539,262	40.00
43.00	04300	NURSERY	-212,712	142,211	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-353,075	1,434,552	50.00
51.00	05100	RECOVERY ROOM	0	785,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-450,000	932,387	52.00
53.00	05300	ANESTHESIOLOGY	-450,000	106,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-105	1,108,703	54.00
54.02	03630	ULTRA SOUND	0	329,558	54.02
57.00	05700	CT SCAN	0	414,457	57.00
58.00	05800	MRI	0	104,517	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,043,703	59.00
60.00	06000	LABORATORY	53,139	2,522,944	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	637,706	65.00
66.00	06600	PHYSICAL THERAPY	0	709,883	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	45,398	67.00
68.00	06800	SPEECH PATHOLOGY	0	77,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0	320,550	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,934,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,571,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,735,368	73.00
74.00	07400	RENAL DIALYSIS	0	340,643	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,643	362,199	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	166,782	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	530,766	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	587,936	90.01
90.02	09002	PRCC	-3,968,066	13,321,884	90.02
91.00	09100	EMERGENCY	-825,897	2,374,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,472	91,885,131	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,935	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	0	45,379	193.03
193.04	19304	FOUNDATION	0	0	193.04
193.05	19305	LEASED BLDG	0	1,363	193.05
193.07	19307	PARISH NURSING	0	96,129	193.07
194.00	07950	OP PHARMACY	0	673,281	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	185,472	92,719,218	200.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,934,687		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,571,049		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	0		0	9,505,736		
	B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,735,368		1.00
	0		0	1,735,368		
	C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,278,942		1.00
2.00		0.00	0	0		2.00
	0		0	1,278,942		
	D - PSYCH ADMIN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	143,473	180,899		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	40,758	51,390		2.00
3.00	ADOL SCHOOL	193.03	5,170	6,518		3.00
	0		189,401	238,807		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	129,417	270,656		1.00
	0		129,417	270,656		
	G - OP PROCEDURES					
1.00	OUTPATIENT PROCEDURES	90.01	445,543	142,393		1.00
	0		445,543	142,393		
	I - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,078,011		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,434,124		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

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	2,512,135		
	J - BENEFIT SALARY ADJUSTMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	29,440	0		1.00
	TOTALS		29,440	0		
500.00	Grand Total: Increases		793,801	15,684,037		500.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS SUPPLY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	175	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	68	0		2.00
3.00	OPERATION OF PLANT	7.00	0	45,909	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	75,216	0		4.00
5.00	HOUSEKEEPING	9.00	0	6,901	0		5.00
6.00	DIETARY	10.00	0	2	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	22,067	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	25,868	0		8.00
9.00	PHARMACY	15.00	0	7,439	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	169,330	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	112,428	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	13,072	0		12.00
13.00	NURSERY	43.00	0	4,166	0		13.00
14.00	OPERATING ROOM	50.00	0	2,864,743	0		14.00
15.00	RECOVERY ROOM	51.00	0	39,430	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36,611	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	71,732	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	166,066	0		18.00
19.00	ULTRA SOUND	54.02	0	11,972	0		19.00
20.00	CT SCAN	57.00	0	23,834	0		20.00
21.00	MRI	58.00	0	530	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	4,794,969	0		22.00
23.00	LABORATORY	60.00	0	15,536	0		23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	314,369	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	64,286	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	9,907	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	3,700	0		27.00
28.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	67	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	1,250	0		29.00
30.00	PRCC	90.02	0	258,193	0		30.00
31.00	EMERGENCY	91.00	0	345,900	0		31.00
	0		0	9,505,736			
	B - PHARMACY						
1.00	PHARMACY	15.00	0	1,735,368	0		1.00
	0		0	1,735,368			
	C - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,275,768	11		1.00
2.00	PRCC	90.02	0	3,174	0		2.00
	0		0	1,278,942			
	D - PSYCH ADMIN RECLASS						
1.00	SUBPROVIDER - IPF	40.00	189,401	238,807	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		189,401	238,807			
	F - CAFETERIA						
1.00	DIETARY	10.00	129,417	270,656	0		1.00
	0		129,417	270,656			
	G - OP PROCEDURES						
1.00	ADULTS & PEDIATRICS	30.00	445,543	142,393	0		1.00
	0		445,543	142,393			
	I - EQUIP DEPR						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	116	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	737,721	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	82,740	0		3.00
4.00	OPERATION OF PLANT	7.00	0	272,061	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	27	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,414	0		6.00
7.00	DIETARY	10.00	0	16,670	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	106,865	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	24,923	0		9.00
10.00	PHARMACY	15.00	0	19,010	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	30,085	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	33,324	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	17,898	0		13.00
14.00	NURSERY	43.00	0	141	0		14.00
15.00	OPERATING ROOM	50.00	0	179,819	0		15.00
16.00	RECOVERY ROOM	51.00	0	1,524	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,889	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	12,869	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	155,913	0		19.00
20.00	ULTRA SOUND	54.02	0	28,665	0		20.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
21.00	CT SCAN	57.00	0	71,331	0		21.00
22.00	MRI	58.00	0	115,706	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	242,935	0		23.00
24.00	LABORATORY	60.00	0	48,498	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	7,609	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	25,101	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	35	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	630	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	24,706	0		29.00
30.00	RENAL DIALYSIS	74.00	0	62	0		30.00
31.00	OCCUPATIONAL HEALTH	76.00	0	667	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	6,012	0		32.00
33.00	CLINIC	90.00	0	1,832	0		33.00
34.00	PRCC	90.02	0	143,700	0		34.00
35.00	EMERGENCY	91.00	0	62,304	0		35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,659	0		36.00
37.00	FOUNDATION	193.04	0	3,739	0		37.00
38.00	OP PHARMACY	194.00	0	1,935	0		38.00
	TOTALS		0	2,512,135			
J - BENEFIT SALARY ADJUSTMENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,440	0		1.00
	TOTALS		0	29,440			
500.00	Grand Total: Decreases		764,361	15,713,477			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/28/2018 10:30 am

		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	4,545,766	1,304,234	0	1,304,234	0	1.00	
2.00	Land Improvements	4,601,784	0	0	0	2,529,034	2.00	
3.00	Buildings and Fixtures	123,629,583	0	0	0	86,973,018	3.00	
4.00	Building Improvements	891,859	0	0	0	891,859	4.00	
5.00	Fixed Equipment	3,261,194	7,484,186	0	7,484,186	0	5.00	
6.00	Movable Equipment	50,674,280	0	0	0	46,853,978	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	187,604,466	8,788,420	0	8,788,420	137,247,889	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	187,604,466	8,788,420	0	8,788,420	137,247,889	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,850,000	0				1.00	
2.00	Land Improvements	2,072,750	0				2.00	
3.00	Buildings and Fixtures	36,656,565	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	10,745,380	0				5.00	
6.00	Movable Equipment	3,820,302	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	59,144,997	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	59,144,997	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,248,060	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,248,060	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	1,248,060				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,248,060				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	136,930,186	0	136,930,186	0.729888	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50,674,280	0	50,674,280	0.270112	0	2.00
3.00	Total (sum of lines 1-2)	187,604,466	0	187,604,466	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,686,858	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,136,674	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,823,532	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	1,278,942	0	0	0	2,965,800	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,136,674	2.00
3.00	Total (sum of lines 1-2)	1,278,942	0	0	0	4,102,474	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 10:30 am

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)		0		0.00	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	-7,038,006			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	7,851,910			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-219,521	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-6,941	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-22,567	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	50,798	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		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	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	MISC A&G INCOME OFFSET	B	-362,522	ADMINISTRATIVE & GENERAL	5.00	0	35.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 10:30 am

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	
37.00	MISC HOUSKEEPING OFFSET		0		0.00	0	37.00
38.00	CAFETERIA AND VENDING SALES		0		0.00	0	38.00
38.01	MISC RADIOLOGY OFFSET	B	-105	RADIOLOGY-DIAGNOSTIC	54.00	0	38.01
39.00	MISC EMERGENCY OFFSET	B	-1,250	EMERGENCY	91.00	0	39.00
40.00	MISC INCOME SUBPROVIDER	B	-42,705	SUBPROVIDER - IPF	40.00	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
43.00	MISC INCOME - CLINIC		0		0.00	0	43.00
44.02	INTEREST INCOME OFFSET HOME OFFICE		0		0.00	0	44.02
44.03	PENSION FUNDING AND AVERAGING		0		0.00	0	44.03
44.04	NON-ALLOW DONATIONS, SPONSORSHIP	A	-2,568	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.04
44.05	MISC INCOME OPERATION OF PLANT	B	-7,157	OPERATION OF PLANT	7.00	0	44.05
44.06	NON-ALLOW DONATIONS, SPONSORSHIP		0		0.00	0	44.06
45.03	NON-ALLOW DONATIONS, SPONSORSHIP		0		0.00	0	45.03
45.04	RENT INCOME CARDIO PULMONARY		0		0.00	0	45.04
45.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.06
45.07	NON ALLOWABLE MARKETING	A	-4,742	ADMINISTRATIVE & GENERAL	5.00	0	45.07
45.13	NON ALLOWABLE MARKETING	A	-15	ADULTS & PEDIATRICS	30.00	0	45.13
45.16	NON ALLOWABLE MARKETING		0		0.00	0	45.16
45.18	NON ALLOWABLE MARKETING	A	-43	PRCC	90.02	0	45.18
45.19	NON ALLOWABLE MARKETING		0		0.00	0	45.19
47.00	OTHER MINISTRY EXPENSES	A	-9,094	ADMINISTRATIVE & GENERAL	5.00	0	47.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		185,472				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: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 10:30 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL-BLDG & FIXTURES	-972,759	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	91,531	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G	18,706,936	11,207,141	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	MOVEABLE EQUIPMENT	7,865	0	3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	200,561	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	828,339	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	ICU	143,439	0	3.04
3.05	60.00	LABORATORY	LAB	2,412,075	2,358,936	3.05
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,417,987	13,566,077	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		
	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		100.00	PRESENCE HEALTH	100.00	6.00
7.00	C		0.00	ALVERNO LAB	66.67	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: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 10:30 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-972,759	9		1.00
2.00	91,531	0		2.00
3.00	7,499,795	0		3.00
3.01	7,865	9		3.01
3.02	200,561	0		3.02
3.03	828,339	0		3.03
3.04	143,439	0		3.04
3.05	53,139	0		3.05
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
5.00	7,851,910			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 CHAIN		6.00
7.00	LABORATORY		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: 14-0174

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2018 10:30 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	83,290	0	83,290	211,500	666	1.00
2.00	30.00	ADULTS & PEDIATRICS	20,300	0	20,300	179,000	145	2.00
3.00	31.00	INTENSIVE CARE UNIT	246,418	223,218	23,200	211,500	159	3.00
4.00	40.00	SUBPROVIDER - IPF	545,619	513,769	31,850	181,300	245	4.00
5.00	43.00	NURSERY	212,712	212,712	0	0	0	5.00
6.00	50.00	OPERATING ROOM	353,075	353,075	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	450,000	450,000	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	450,000	450,000	0	0	0	8.00
9.00	60.00	LABORATORY	37,556	0	37,556	260,300	327	9.00
10.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,258	0	4,258	181,300	30	10.00
11.00	90.02	PRCC	3,968,023	3,968,023	0	0	0	11.00
12.00	91.00	EMERGENCY	833,188	820,588	12,600	211,500	84	12.00
200.00			7,204,439	6,991,385	213,054		1,656	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	67,721	3,386	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	12,478	624	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	16,167	808	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	21,355	1,068	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	40,922	2,046	0	0	0	9.00
10.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,615	131	0	0	0	10.00
11.00	90.02	PRCC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	8,541	427	0	0	0	12.00
200.00			169,799	8,490	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	67,721	15,569	15,569		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	12,478	7,822	7,822		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	16,167	7,033	230,251		3.00
4.00	40.00	SUBPROVIDER - IPF	0	21,355	10,495	524,264		4.00
5.00	43.00	NURSERY	0	0	0	212,712		5.00
6.00	50.00	OPERATING ROOM	0	0	0	353,075		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	450,000		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	450,000		8.00
9.00	60.00	LABORATORY	0	40,922	0	0		9.00
10.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,615	1,643	1,643		10.00
11.00	90.02	PRCC	0	0	0	3,968,023		11.00
12.00	91.00	EMERGENCY	0	8,541	4,059	824,647		12.00
200.00			0	169,799	46,621	7,038,006		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 10:30 am

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	2,965,800	2,965,800			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,136,674	1,136,674			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-483,127	22,201	8,509	-452,417	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,784,227	253,819	97,279	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	889,105	768,374	294,488	0	6.00
7.00	00700	OPERATION OF PLANT	2,633,199	6,600	2,530	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	150,521	3,715	1,424	0	8.00
9.00	00900	HOUSEKEEPING	1,058,395	51,403	19,701	0	9.00
10.00	01000	DIETARY	625,846	93,614	35,878	0	10.00
11.00	01100	CAFETERIA	400,073	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	758,431	27,266	10,450	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	516,218	87,485	33,530	0	14.00
15.00	01500	PHARMACY	1,481,344	63,988	24,524	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	828,339	55,703	21,349	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,126,003	415,476	159,236	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,834,018	115,086	44,108	0	31.00
40.00	04000	SUBPROVIDER - IPF	2,539,262	223,107	85,508	0	40.00
43.00	04300	NURSERY	142,211	6,947	2,662	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,434,552	171,913	65,887	0	50.00
51.00	05100	RECOVERY ROOM	785,138	135,275	51,845	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	932,387	104,514	40,056	0	52.00
53.00	05300	ANESTHESIOLOGY	106,074	3,781	1,449	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,108,703	73,258	28,077	0	54.00
54.02	03630	ULTRA SOUND	329,558	17,065	6,540	0	54.02
57.00	05700	CT SCAN	414,457	8,440	3,235	0	57.00
58.00	05800	MRI	104,517	15,261	5,849	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,043,703	19,573	7,502	0	59.00
60.00	06000	LABORATORY	2,522,944	3,930	1,506	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,219	1,234	0	63.00
65.00	06500	RESPIRATORY THERAPY	637,706	6,254	2,397	0	65.00
66.00	06600	PHYSICAL THERAPY	709,883	818	314	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,398	765	293	0	67.00
68.00	06800	SPEECH PATHOLOGY	77,525	1,846	707	0	68.00
69.00	06900	ELECTROCARDIOLOGY	320,550	19,382	7,428	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,934,687	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,571,049	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,735,368	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	340,643	3,130	1,200	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	362,199	52,377	20,074	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	166,782	16,778	6,430	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	530,766	5,752	2,204	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	587,936	0	0	0	90.01
90.02	09002	PRCC	13,321,884	0	0	0	90.02
91.00	09100	EMERGENCY	2,374,183	96,899	37,137	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,885,131	2,955,014	1,132,540	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,935	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	2,383	913	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	45,379	0	0	0	193.03
193.04	19304	FOUNDATION	0	4,163	1,596	0	193.04
193.05	19305	LEASED BLDG	1,363	2,538	973	0	193.05
193.07	19307	PARISH NURSING	96,129	1,702	652	0	193.07
194.00	07950	OP PHARMACY	673,281	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	-452,417	201.00
202.00		TOTAL (sum lines 118 through 201)	92,719,218	2,965,800	1,136,674	-452,417	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 10:30 am

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	29,135,325					5.00
6.00	00600	MAINTENANCE & REPAIRS	888,108	2,840,075				6.00
7.00	00700	OPERATION OF PLANT	1,202,209	9,756	3,854,294			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70,822	5,491	7,478	239,451		8.00
9.00	00900	HOUSEKEEPING	513,901	75,980	103,469	0	1,822,849	9.00
10.00	01000	DIETARY	343,664	138,372	188,434	0	91,759	10.00
11.00	01100	CAFETERIA	182,026	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	362,232	40,303	54,884	0	26,726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	289,929	129,314	176,099	0	85,752	14.00
15.00	01500	PHARMACY	714,255	94,582	128,801	0	62,720	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	411,936	82,337	112,125	0	54,600	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,048,698	614,125	836,309	154,518	407,245	30.00
31.00	03100	INTENSIVE CARE UNIT	906,874	170,112	231,656	6,864	112,807	31.00
40.00	04000	SUBPROVIDER - IPF	1,295,730	329,779	449,089	74,611	218,687	40.00
43.00	04300	NURSERY	69,075	10,268	13,983	3,458	6,809	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	760,888	254,108	346,041	0	168,507	50.00
51.00	05100	RECOVERY ROOM	442,359	199,953	272,293	0	132,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	489,995	154,485	210,376	0	102,444	52.00
53.00	05300	ANESTHESIOLOGY	50,641	5,589	7,610	0	3,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	550,544	108,284	147,460	0	71,807	54.00
54.02	03630	ULTRA SOUND	160,682	25,224	34,349	0	16,727	54.02
57.00	05700	CT SCAN	193,882	12,475	16,988	0	8,273	57.00
58.00	05800	MRI	57,158	22,557	30,718	0	14,959	58.00
59.00	05900	CARDIAC CATHETERIZATION	487,184	28,932	39,399	0	19,186	59.00
60.00	06000	LABORATORY	1,150,365	5,809	7,911	0	3,852	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,026	4,759	6,480	0	3,156	63.00
65.00	06500	RESPIRATORY THERAPY	294,080	9,244	12,588	0	6,130	65.00
66.00	06600	PHYSICAL THERAPY	323,498	1,210	1,647	0	802	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,137	1,130	1,539	0	749	67.00
68.00	06800	SPEECH PATHOLOGY	36,434	2,728	3,715	0	1,809	68.00
69.00	06900	ELECTROCARDIOLOGY	158,042	28,649	39,014	0	18,998	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,610,132	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	714,797	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	789,559	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	156,956	4,626	6,300	0	3,068	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	197,757	77,419	105,428	0	51,339	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	86,442	24,800	33,772	0	16,446	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	245,108	8,502	11,578	0	5,638	90.00
90.01	09001	OUTPATIENT PROCEDURES	267,500	0	0	0	0	90.01
90.02	09002	PRCC	6,061,225	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,141,192	143,228	195,047	0	94,979	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,749,042	2,824,130	3,832,580	239,451	1,812,275	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,160	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	1,500	3,523	4,797	0	2,336	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	20,647	0	0	0	0	193.03
193.04	19304	FOUNDATION	2,620	6,154	8,380	0	4,081	193.04
193.05	19305	LEASED BLDG	2,218	3,752	5,110	0	2,488	193.05
193.07	19307	PARISH NURSING	44,808	2,516	3,427	0	1,669	193.07
194.00	07950	OP PHARMACY	306,330	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,135,325	2,840,075	3,854,294	239,451	1,822,849	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	1,517,567					10.00
11.00	01100	CAFETERIA	0	582,099				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,280,292			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,318,327		14.00
15.00	01500	PHARMACY	0	0	0	0	2,570,214	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	951,547	364,988	443,278	0	9,821	30.00
31.00	03100	INTENSIVE CARE UNIT	21,150	8,113	154,891	0	2,510	31.00
40.00	04000	SUBPROVIDER - IPF	459,471	176,241	174,177	0	6	40.00
43.00	04300	NURSERY	0	0	12,048	0	46	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	48,908	0	6,266	50.00
51.00	05100	RECOVERY ROOM	0	0	64,068	0	3,700	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,347	3,585	70,576	0	422	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	517	0	3,596	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	5,616	57.00
58.00	05800	MRI	0	0	0	0	324	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	204	0	15,891	59.00
60.00	06000	LABORATORY	0	0	120	0	2	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	6,450	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,100,441	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	217,886	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	486,736	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,640	0	1,142	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	9,489	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	9,379	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	14,476	0	38	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	43,304	0	0	90.01
90.02	09002	PRCC	0	0	60,679	0	2,004,991	90.02
91.00	09100	EMERGENCY	76,052	29,172	166,088	0	14,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,517,567	582,099	1,280,292	1,318,327	2,558,940	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	11,274	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,517,567	582,099	1,280,292	1,318,327	2,570,214	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,566,389				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	152,461	13,683,705	0	13,683,705	30.00
31.00	03100	INTENSIVE CARE UNIT	44,954	3,653,143	0	3,653,143	31.00
40.00	04000	SUBPROVIDER - IPF	53,057	6,078,725	0	6,078,725	40.00
43.00	04300	NURSERY	932	268,439	0	268,439	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	142,057	3,399,127	0	3,399,127	50.00
51.00	05100	RECOVERY ROOM	43,843	2,131,069	0	2,131,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,833	2,124,020	0	2,124,020	52.00
53.00	05300	ANESTHESIOLOGY	13,066	194,918	0	194,918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,149	2,136,395	0	2,136,395	54.00
54.02	03630	ULTRA SOUND	18,682	608,827	0	608,827	54.02
57.00	05700	CT SCAN	87,774	751,140	0	751,140	57.00
58.00	05800	MRI	9,554	260,897	0	260,897	58.00
59.00	05900	CARDIAC CATHETERIZATION	114,198	1,775,772	0	1,775,772	59.00
60.00	06000	LABORATORY	102,183	3,798,622	0	3,798,622	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,634	23,508	0	23,508	63.00
65.00	06500	RESPIRATORY THERAPY	22,107	990,506	0	990,506	65.00
66.00	06600	PHYSICAL THERAPY	14,453	1,052,625	0	1,052,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,967	72,978	0	72,978	67.00
68.00	06800	SPEECH PATHOLOGY	1,795	126,559	0	126,559	68.00
69.00	06900	ELECTROCARDIOLOGY	34,327	632,840	0	632,840	69.00
70.01	03320	ELECTROSHOCK THERAPY	5	5	0	5	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,093	12,725,353	0	12,725,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,542	2,558,274	0	2,558,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	212,153	3,223,816	0	3,223,816	73.00
74.00	07400	RENAL DIALYSIS	5,308	524,013	0	524,013	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,764	880,846	0	880,846	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,759	365,588	0	365,588	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,601	826,663	0	826,663	90.00
90.01	09001	OUTPATIENT PROCEDURES	14,668	913,408	0	913,408	90.01
90.02	09002	PRCC	115,600	21,564,379	0	21,564,379	90.02
91.00	09100	EMERGENCY	161,870	4,530,678	0	4,530,678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,566,389	91,876,838	0	91,876,838	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,095	0	26,095	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	15,452	0	15,452	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	66,026	0	66,026	193.03
193.04	19304	FOUNDATION	0	26,994	0	26,994	193.04
193.05	19305	LEASED BLDG	0	18,442	0	18,442	193.05
193.07	19307	PARISH NURSING	0	150,903	0	150,903	193.07
194.00	07950	OP PHARMACY	0	990,885	0	990,885	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-452,417	0	-452,417	201.00
202.00		TOTAL (sum lines 118 through 201)	1,566,389	92,719,218	0	92,719,218	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 10:30 am

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	22,201	8,509	30,710	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	253,819	97,279	351,098	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	768,374	294,488	1,062,862	6.00
7.00	00700	OPERATION OF PLANT	0	6,600	2,530	9,130	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,715	1,424	5,139	8.00
9.00	00900	HOUSEKEEPING	0	51,403	19,701	71,104	9.00
10.00	01000	DIETARY	0	93,614	35,878	129,492	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	27,266	10,450	37,716	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	87,485	33,530	121,015	14.00
15.00	01500	PHARMACY	0	63,988	24,524	88,512	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,703	21,349	77,052	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	415,476	159,236	574,712	30.00
31.00	03100	INTENSIVE CARE UNIT	0	115,086	44,108	159,194	31.00
40.00	04000	SUBPROVIDER - IPF	0	223,107	85,508	308,615	40.00
43.00	04300	NURSERY	0	6,947	2,662	9,609	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	171,913	65,887	237,800	50.00
51.00	05100	RECOVERY ROOM	0	135,275	51,845	187,120	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	104,514	40,056	144,570	52.00
53.00	05300	ANESTHESIOLOGY	0	3,781	1,449	5,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,258	28,077	101,335	54.00
54.02	03630	ULTRA SOUND	0	17,065	6,540	23,605	54.02
57.00	05700	CT SCAN	0	8,440	3,235	11,675	57.00
58.00	05800	MRI	0	15,261	5,849	21,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,573	7,502	27,075	59.00
60.00	06000	LABORATORY	0	3,930	1,506	5,436	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,219	1,234	4,453	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,254	2,397	8,651	65.00
66.00	06600	PHYSICAL THERAPY	0	818	314	1,132	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	765	293	1,058	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,846	707	2,553	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,382	7,428	26,810	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,130	1,200	4,330	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	52,377	20,074	72,451	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	16,778	6,430	23,208	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,752	2,204	7,956	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	96,899	37,137	134,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,955,014	1,132,540	4,087,554	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	2,383	913	3,296	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	4,163	1,596	5,759	193.04
193.05	19305	LEASED BLDG	0	2,538	973	3,511	193.05
193.07	19307	PARISH NURSING	0	1,702	652	2,354	193.07
194.00	07950	OP PHARMACY	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	30,710	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,965,800	1,136,674	4,102,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 10:30 am

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	351,098					5.00
6.00	00600	MAINTENANCE & REPAIRS	10,703	1,073,565				6.00
7.00	00700	OPERATION OF PLANT	14,488	3,688	27,306			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	853	2,076	53	8,121		8.00
9.00	00900	HOUSEKEEPING	6,193	28,721	733	0	106,751	9.00
10.00	01000	DIETARY	4,142	52,306	1,335	0	5,374	10.00
11.00	01100	CAFETERIA	2,194	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,365	15,235	389	0	1,565	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,494	48,882	1,248	0	5,022	14.00
15.00	01500	PHARMACY	8,608	35,753	913	0	3,673	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,964	31,124	794	0	3,198	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,740	232,142	5,925	5,241	23,847	30.00
31.00	03100	INTENSIVE CARE UNIT	10,929	64,303	1,641	233	6,606	31.00
40.00	04000	SUBPROVIDER - IPF	15,615	124,658	3,182	2,530	12,807	40.00
43.00	04300	NURSERY	832	3,881	99	117	399	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,170	96,054	2,452	0	9,868	50.00
51.00	05100	RECOVERY ROOM	5,331	75,583	1,929	0	7,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,905	58,396	1,490	0	5,999	52.00
53.00	05300	ANESTHESIOLOGY	610	2,113	54	0	217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,635	40,932	1,045	0	4,205	54.00
54.02	03630	ULTRA SOUND	1,936	9,535	243	0	980	54.02
57.00	05700	CT SCAN	2,336	4,716	120	0	484	57.00
58.00	05800	MRI	689	8,527	218	0	876	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,871	10,936	279	0	1,124	59.00
60.00	06000	LABORATORY	13,863	2,196	56	0	226	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24	1,799	46	0	185	63.00
65.00	06500	RESPIRATORY THERAPY	3,544	3,494	89	0	359	65.00
66.00	06600	PHYSICAL THERAPY	3,898	457	12	0	47	66.00
67.00	06700	OCCUPATIONAL THERAPY	255	427	11	0	44	67.00
68.00	06800	SPEECH PATHOLOGY	439	1,031	26	0	106	68.00
69.00	06900	ELECTROCARDIOLOGY	1,905	10,830	276	0	1,113	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,506	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,614	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,515	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,891	1,749	45	0	180	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,383	29,265	747	0	3,007	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,042	9,374	239	0	963	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,954	3,214	82	0	330	90.00
90.01	09001	OUTPATIENT PROCEDURES	3,224	0	0	0	0	90.01
90.02	09002	PRCC	73,029	0	0	0	0	90.02
91.00	09100	EMERGENCY	13,753	54,141	1,382	0	5,562	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	346,442	1,067,538	27,153	8,121	106,131	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	98	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	18	1,332	34	0	137	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	249	0	0	0	0	193.03
193.04	19304	FOUNDATION	32	2,326	59	0	239	193.04
193.05	19305	LEASED BLDG	27	1,418	36	0	146	193.05
193.07	19307	PARISH NURSING	540	951	24	0	98	193.07
194.00	07950	OP PHARMACY	3,692	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	351,098	1,073,565	27,306	8,121	106,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	192,649					10.00
11.00	01100	CAFETERIA	0	2,194				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	59,270			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	179,661		14.00
15.00	01500	PHARMACY	0	0	0	0	137,459	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	120,794	1,375	20,521	0	525	30.00
31.00	03100	INTENSIVE CARE UNIT	2,685	31	7,171	0	134	31.00
40.00	04000	SUBPROVIDER - IPF	58,328	664	8,063	0	0	40.00
43.00	04300	NURSERY	0	0	558	0	2	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	2,264	0	335	50.00
51.00	05100	RECOVERY ROOM	0	0	2,966	0	198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,187	14	3,267	0	23	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	24	0	192	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	300	57.00
58.00	05800	MRI	0	0	0	0	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	9	0	850	59.00
60.00	06000	LABORATORY	0	0	6	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	299	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	149,968	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,693	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	26,031	73.00
74.00	07400	RENAL DIALYSIS	0	0	76	0	61	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	439	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	434	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	670	0	2	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	2,005	0	0	90.01
90.02	09002	PRCC	0	0	2,809	0	107,232	90.02
91.00	09100	EMERGENCY	9,655	110	7,689	0	793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,649	2,194	59,270	179,661	136,856	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	603	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	192,649	2,194	59,270	179,661	137,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	117,132				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,382	1,033,204	0	1,033,204	30.00
31.00	03100	INTENSIVE CARE UNIT	3,356	256,283	0	256,283	31.00
40.00	04000	SUBPROVIDER - IPF	3,961	538,423	0	538,423	40.00
43.00	04300	NURSERY	70	15,567	0	15,567	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,605	368,548	0	368,548	50.00
51.00	05100	RECOVERY ROOM	3,273	284,165	0	284,165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	435	221,286	0	221,286	52.00
53.00	05300	ANESTHESIOLOGY	975	9,360	0	9,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,296	157,664	0	157,664	54.00
54.02	03630	ULTRA SOUND	1,395	37,694	0	37,694	54.02
57.00	05700	CT SCAN	6,553	26,184	0	26,184	57.00
58.00	05800	MRI	713	32,150	0	32,150	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,525	54,669	0	54,669	59.00
60.00	06000	LABORATORY	7,628	29,411	0	29,411	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	197	6,704	0	6,704	63.00
65.00	06500	RESPIRATORY THERAPY	1,650	17,787	0	17,787	65.00
66.00	06600	PHYSICAL THERAPY	1,079	6,625	0	6,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	147	1,942	0	1,942	67.00
68.00	06800	SPEECH PATHOLOGY	134	4,289	0	4,289	68.00
69.00	06900	ELECTROCARDIOLOGY	2,563	43,796	0	43,796	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,979	199,453	0	199,453	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,072	42,379	0	42,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,034	51,580	0	51,580	73.00
74.00	07400	RENAL DIALYSIS	396	8,728	0	8,728	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	356	108,648	0	108,648	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	355	35,615	0	35,615	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	194	15,402	0	15,402	90.00
90.01	09001	OUTPATIENT PROCEDURES	1,095	6,324	0	6,324	90.01
90.02	09002	PRCC	8,630	191,700	0	191,700	90.02
91.00	09100	EMERGENCY	12,084	239,205	0	239,205	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,132	4,044,785	0	4,044,785	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	98	0	98	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	4,817	0	4,817	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	249	0	249	193.03
193.04	19304	FOUNDATION	0	8,415	0	8,415	193.04
193.05	19305	LEASED BLDG	0	5,138	0	5,138	193.05
193.07	19307	PARISH NURSING	0	3,967	0	3,967	193.07
194.00	07950	OP PHARMACY	0	4,295	0	4,295	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	30,710	0	30,710	201.00
202.00		TOTAL (sum lines 118 through 201)	117,132	4,102,474	0	4,102,474	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	496,541					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		496,541				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,717	3,717	23,438,788			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,495	42,495	2,122,150	-29,135,325	64,036,310	5.00
6.00	00600	MAINTENANCE & REPAIRS	128,643	128,643	0	0	1,951,967	6.00
7.00	00700	OPERATION OF PLANT	1,105	1,105	831,565	0	2,642,329	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	622	18,614	0	155,660	8.00
9.00	00900	HOUSEKEEPING	8,606	8,606	630,447	0	1,129,499	9.00
10.00	01000	DIETARY	15,673	15,673	410,519	0	755,338	10.00
11.00	01100	CAFETERIA	0	0	0	0	400,073	11.00
13.00	01300	NURSING ADMINISTRATION	4,565	4,565	587,149	0	796,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	127,395	0	637,233	14.00
15.00	01500	PHARMACY	10,713	10,713	1,014,435	0	1,569,856	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	0	0	905,391	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,560	69,560	4,999,123	0	6,700,715	30.00
31.00	03100	INTENSIVE CARE UNIT	19,268	19,268	1,349,641	0	1,993,212	31.00
40.00	04000	SUBPROVIDER - IPF	37,353	37,353	2,358,563	0	2,847,877	40.00
43.00	04300	NURSERY	1,163	1,163	112,174	0	151,820	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,782	28,782	812,303	0	1,672,352	50.00
51.00	05100	RECOVERY ROOM	22,648	22,648	604,785	0	972,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,498	17,498	763,226	0	1,076,957	52.00
53.00	05300	ANESTHESIOLOGY	633	633	42,827	0	111,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	813,019	0	1,210,038	54.00
54.02	03630	ULTRA SOUND	2,857	2,857	182,883	0	353,163	54.02
57.00	05700	CT SCAN	1,413	1,413	306,265	0	426,132	57.00
58.00	05800	MRI	2,555	2,555	86,359	0	125,627	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277	3,277	732,734	0	1,070,778	59.00
60.00	06000	LABORATORY	658	658	38,706	0	2,528,380	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	4,453	63.00
65.00	06500	RESPIRATORY THERAPY	1,047	1,047	507,943	0	646,357	65.00
66.00	06600	PHYSICAL THERAPY	137	137	0	0	711,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	128	128	0	0	46,456	67.00
68.00	06800	SPEECH PATHOLOGY	309	309	0	0	80,078	68.00
69.00	06900	ELECTROCARDIOLOGY	3,245	3,245	246,489	0	347,360	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,934,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,571,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,735,368	73.00
74.00	07400	RENAL DIALYSIS	524	524	13,430	0	344,973	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,769	8,769	211,522	0	434,650	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,809	2,809	120,760	0	189,990	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	963	963	284,633	0	538,722	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	587,936	90.01
90.02	09002	PRCC	0	0	1,089,055	0	13,321,884	90.02
91.00	09100	EMERGENCY	16,223	16,223	1,774,564	0	2,508,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	494,735	494,735	23,193,278	-29,135,325	63,187,303	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17,935	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	399	399	0	0	3,296	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	26,829	0	45,379	193.03
193.04	19304	FOUNDATION	697	697	0	0	5,759	193.04
193.05	19305	LEASED BLDG	425	425	0	0	4,874	193.05
193.07	19307	PARISH NURSING	285	285	77,213	0	98,483	193.07
194.00	07950	OP PHARMACY	0	0	141,468	0	673,281	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,965,800	1,136,674	-452,417		29,135,325	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.972921	2.289185	0.000000		0.454981	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			30,710		351,098	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001310		0.005483	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:

11/28/2018 10:30 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			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	321,686					6.00
7.00	00700	OPERATION OF PLANT	1,105	320,581				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	622	18,489			8.00
9.00	00900	HOUSEKEEPING	8,606	8,606	0	311,353		9.00
10.00	01000	DIETARY	15,673	15,673	0	15,673	47,571	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,565	4,565	0	4,565	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	0	14,647	0	14.00
15.00	01500	PHARMACY	10,713	10,713	0	10,713	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	0	9,326	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,560	69,560	11,931	69,560	29,828	30.00
31.00	03100	INTENSIVE CARE UNIT	19,268	19,268	530	19,268	663	31.00
40.00	04000	SUBPROVIDER - IPF	37,353	37,353	5,761	37,353	14,403	40.00
43.00	04300	NURSERY	1,163	1,163	267	1,163	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,782	28,782	0	28,782	0	50.00
51.00	05100	RECOVERY ROOM	22,648	22,648	0	22,648	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,498	17,498	0	17,498	293	52.00
53.00	05300	ANESTHESIOLOGY	633	633	0	633	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	0	12,265	0	54.00
54.02	03630	ULTRA SOUND	2,857	2,857	0	2,857	0	54.02
57.00	05700	CT SCAN	1,413	1,413	0	1,413	0	57.00
58.00	05800	MRI	2,555	2,555	0	2,555	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277	3,277	0	3,277	0	59.00
60.00	06000	LABORATORY	658	658	0	658	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	539	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,047	1,047	0	1,047	0	65.00
66.00	06600	PHYSICAL THERAPY	137	137	0	137	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	128	128	0	128	0	67.00
68.00	06800	SPEECH PATHOLOGY	309	309	0	309	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,245	3,245	0	3,245	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	524	524	0	524	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,769	8,769	0	8,769	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,809	2,809	0	2,809	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	963	963	0	963	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	16,223	16,223	0	16,223	2,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	319,880	318,775	18,489	309,547	47,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	399	399	0	399	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	697	697	0	697	0	193.04
193.05	19305	LEASED BLDG	425	425	0	425	0	193.05
193.07	19307	PARISH NURSING	285	285	0	285	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,840,075	3,854,294	239,451	1,822,849	1,517,567	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.828718	12.022840	12.950998	5.854606	31.901095	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,073,565	27,306	8,121	106,751	192,649	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	3.337307	0.085177	0.439234	0.342862	4.049715	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	47,571					11.00
13.00	01300	NURSING ADMINISTRATION	0	245,154				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,505,736			14.00
15.00	01500	PHARMACY	0	0	0	9,163,639		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	556,928,434	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,828	84,880	0	35,015	54,198,883	30.00
31.00	03100	INTENSIVE CARE UNIT	663	29,659	0	8,950	15,980,778	31.00
40.00	04000	SUBPROVIDER - IPF	14,403	33,352	0	22	18,861,241	40.00
43.00	04300	NURSERY	0	2,307	0	165	331,286	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,365	0	22,339	50,500,227	50.00
51.00	05100	RECOVERY ROOM	0	12,268	0	13,191	15,585,999	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	293	13,514	0	1,505	2,073,514	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,703	4,644,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99	0	12,820	15,694,698	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	6,641,329	54.02
57.00	05700	CT SCAN	0	0	0	20,022	31,202,899	57.00
58.00	05800	MRI	0	0	0	1,154	3,396,278	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39	0	56,655	40,596,571	59.00
60.00	06000	LABORATORY	0	23	0	8	36,325,310	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	936,384	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,858,856	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,137,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	699,110	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	638,166	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,235	0	0	12,202,853	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	1,896	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,934,687	0	28,472,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,571,049	0	19,389,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,735,368	75,508,276	73.00
74.00	07400	RENAL DIALYSIS	0	314	0	4,071	1,887,072	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,817	0	0	1,693,588	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,796	0	0	1,691,684	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,772	0	135	924,722	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	8,292	0	0	5,214,386	90.01
90.02	09002	PRCC	0	11,619	0	7,148,444	41,094,742	90.02
91.00	09100	EMERGENCY	2,384	31,803	0	52,876	57,543,467	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,571	245,154	9,505,736	9,123,443	556,928,434	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	40,196	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	582,099	1,280,292	1,318,327	2,570,214	1,566,389	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.236426	5.222399	0.138688	0.280480	0.002813	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	2,194	59,270	179,661	137,459	117,132	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.046121	0.241766	0.018900	0.015000	0.000210	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: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
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				Title XVIII		Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,683,705		13,683,705	7,822	13,691,527	30.00
31.00	03100	INTENSIVE CARE UNIT	3,653,143		3,653,143	7,033	3,660,176	31.00
40.00	04000	SUBPROVIDER - IPF	6,078,725		6,078,725	10,495	6,089,220	40.00
43.00	04300	NURSERY	268,439		268,439	0	268,439	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,399,127		3,399,127	0	3,399,127	50.00
51.00	05100	RECOVERY ROOM	2,131,069		2,131,069	0	2,131,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,124,020		2,124,020	0	2,124,020	52.00
53.00	05300	ANESTHESIOLOGY	194,918		194,918	0	194,918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,136,395		2,136,395	0	2,136,395	54.00
54.02	03630	ULTRA SOUND	608,827		608,827	0	608,827	54.02
57.00	05700	CT SCAN	751,140		751,140	0	751,140	57.00
58.00	05800	MRI	260,897		260,897	0	260,897	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,775,772		1,775,772	0	1,775,772	59.00
60.00	06000	LABORATORY	3,798,622		3,798,622	0	3,798,622	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,508		23,508	0	23,508	63.00
65.00	06500	RESPIRATORY THERAPY	990,506	0	990,506	0	990,506	65.00
66.00	06600	PHYSICAL THERAPY	1,052,625	0	1,052,625	0	1,052,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	72,978	0	72,978	0	72,978	67.00
68.00	06800	SPEECH PATHOLOGY	126,559	0	126,559	0	126,559	68.00
69.00	06900	ELECTROCARDIOLOGY	632,840		632,840	0	632,840	69.00
70.01	03320	ELECTROSHOCK THERAPY	5		5	0	5	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,725,353		12,725,353	0	12,725,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,558,274		2,558,274	0	2,558,274	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,223,816		3,223,816	0	3,223,816	73.00
74.00	07400	RENAL DIALYSIS	524,013		524,013	0	524,013	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	880,846		880,846	1,643	882,489	75.01
76.00	03950	OCCUPATIONAL HEALTH	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	365,588		365,588	0	365,588	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	826,663		826,663	0	826,663	90.00
90.01	09001	OUTPATIENT PROCEDURES	913,408		913,408	0	913,408	90.01
90.02	09002	PRCC	21,564,379		21,564,379	0	21,564,379	90.02
91.00	09100	EMERGENCY	4,530,678		4,530,678	4,059	4,534,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,167,694		2,167,694		2,167,694	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	94,044,532	0	94,044,532	31,052	94,075,584	200.00
201.00		Less Observation Beds	2,167,694		2,167,694		2,167,694	201.00
202.00		Total (see instructions)	91,876,838	0	91,876,838	31,052	91,907,890	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital	PPS		
	Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,712,980		43,712,980			30.00
31.00	03100	INTENSIVE CARE UNIT	15,980,778		15,980,778			31.00
40.00	04000	SUBPROVIDER - IPF	18,861,241		18,861,241			40.00
43.00	04300	NURSERY	331,286		331,286			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,641,440	22,858,788	50,500,228	0.067309	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,167,446	10,418,553	15,585,999	0.136730	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,695,651	377,863	2,073,514	1.024358	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,571,383	3,073,399	4,644,782	0.041965	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,957,848	11,736,849	15,694,697	0.136122	0.000000	54.00
54.02	03630	ULTRA SOUND	1,581,777	5,059,552	6,641,329	0.091672	0.000000	54.02
57.00	05700	CT SCAN	7,390,855	23,812,044	31,202,899	0.024073	0.000000	57.00
58.00	05800	MRI	761,997	2,634,281	3,396,278	0.076819	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,639,247	28,957,324	40,596,571	0.043742	0.000000	59.00
60.00	06000	LABORATORY	17,179,853	19,145,458	36,325,311	0.104572	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	687,408	248,976	936,384	0.025105	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	6,883,667	975,189	7,858,856	0.126037	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,163,742	2,974,225	5,137,967	0.204872	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	270,416	428,693	699,109	0.104387	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	254,882	383,285	638,167	0.198316	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,235,293	6,967,560	12,202,853	0.051860	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	1,896	1,896	0.002637	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,425,300	18,046,976	28,472,276	0.446938	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,311,675	10,077,518	19,389,193	0.131943	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,959,863	47,548,412	75,508,275	0.042695	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,725,246	161,826	1,887,072	0.277686	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,693,588	1,693,588	0.520106	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	680	1,691,004	1,691,684	0.216109	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,198	919,524	924,722	0.893958	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	5,214,386	5,214,386	0.175171	0.000000	90.01
90.02	09002	PRCC	0	41,094,742	41,094,742	0.524748	0.000000	90.02
91.00	09100	EMERGENCY	13,429,140	44,114,327	57,543,467	0.078735	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,831,212	7,654,691	10,485,903	0.206725	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	238,657,504	318,270,929	556,928,433			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	238,657,504	318,270,929	556,928,433			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 10:30 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.067309		50.00
51.00	05100	RECOVERY ROOM	0.136730		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024358		52.00
53.00	05300	ANESTHESIOLOGY	0.041965		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136122		54.00
54.02	03630	ULTRA SOUND	0.091672		54.02
57.00	05700	CT SCAN	0.024073		57.00
58.00	05800	MRI	0.076819		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043742		59.00
60.00	06000	LABORATORY	0.104572		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.025105		63.00
65.00	06500	RESPIRATORY THERAPY	0.126037		65.00
66.00	06600	PHYSICAL THERAPY	0.204872		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.104387		67.00
68.00	06800	SPEECH PATHOLOGY	0.198316		68.00
69.00	06900	ELECTROCARDIOLOGY	0.051860		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.002637		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.446938		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131943		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.042695		73.00
74.00	07400	RENAL DIALYSIS	0.277686		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.521077		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.216109		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.893958		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.175171		90.01
90.02	09002	PRCC	0.524748		90.02
91.00	09100	EMERGENCY	0.078805		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206725		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/28/2018 10:30 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,683,705		13,683,705	7,822
31.00	03100	INTENSIVE CARE UNIT	3,653,143		3,653,143	7,033
40.00	04000	SUBPROVIDER - IPF	6,078,725		6,078,725	10,495
43.00	04300	NURSERY	268,439		268,439	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,399,127		3,399,127	0
51.00	05100	RECOVERY ROOM	2,131,069		2,131,069	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,124,020		2,124,020	0
53.00	05300	ANESTHESIOLOGY	194,918		194,918	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,136,395		2,136,395	0
54.02	03630	ULTRA SOUND	608,827		608,827	0
57.00	05700	CT SCAN	751,140		751,140	0
58.00	05800	MRI	260,897		260,897	0
59.00	05900	CARDIAC CATHETERIZATION	1,775,772		1,775,772	0
60.00	06000	LABORATORY	3,798,622		3,798,622	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,508		23,508	0
65.00	06500	RESPIRATORY THERAPY	990,506	0	990,506	0
66.00	06600	PHYSICAL THERAPY	1,052,625	0	1,052,625	0
67.00	06700	OCCUPATIONAL THERAPY	72,978	0	72,978	0
68.00	06800	SPEECH PATHOLOGY	126,559	0	126,559	0
69.00	06900	ELECTROCARDIOLOGY	632,840		632,840	0
70.01	03320	ELECTROSHOCK THERAPY	5		5	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,725,353		12,725,353	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,558,274		2,558,274	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,223,816		3,223,816	0
74.00	07400	RENAL DIALYSIS	524,013		524,013	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	880,846		880,846	1,643
76.00	03950	OCCUPATIONAL HEALTH	0		0	0
76.97	07697	CARDIAC REHABILITATION	365,588		365,588	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	826,663		826,663	0
90.01	09001	OUTPATIENT PROCEDURES	913,408		913,408	0
90.02	09002	PRCC	21,564,379		21,564,379	0
91.00	09100	EMERGENCY	4,530,678		4,530,678	4,059
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,167,694		2,167,694	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	94,044,532	0	94,044,532	31,052
201.00		Less Observation Beds	2,167,694		2,167,694	0
202.00		Total (see instructions)	91,876,838	0	91,876,838	31,052

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/28/2018 10:30 am

			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				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,712,980		43,712,980			30.00	
31.00	03100	INTENSIVE CARE UNIT	15,980,778		15,980,778			31.00	
40.00	04000	SUBPROVIDER - IPF	18,861,241		18,861,241			40.00	
43.00	04300	NURSERY	331,286		331,286			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,641,440	22,858,788	50,500,228	0.067309	0.000000	50.00	
51.00	05100	RECOVERY ROOM	5,167,446	10,418,553	15,585,999	0.136730	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,695,651	377,863	2,073,514	1.024358	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	1,571,383	3,073,399	4,644,782	0.041965	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,957,848	11,736,849	15,694,697	0.136122	0.000000	54.00	
54.02	03630	ULTRA SOUND	1,581,777	5,059,552	6,641,329	0.091672	0.000000	54.02	
57.00	05700	CT SCAN	7,390,855	23,812,044	31,202,899	0.024073	0.000000	57.00	
58.00	05800	MRI	761,997	2,634,281	3,396,278	0.076819	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	11,639,247	28,957,324	40,596,571	0.043742	0.000000	59.00	
60.00	06000	LABORATORY	17,179,853	19,145,458	36,325,311	0.104572	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	687,408	248,976	936,384	0.025105	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	6,883,667	975,189	7,858,856	0.126037	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,163,742	2,974,225	5,137,967	0.204872	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	270,416	428,693	699,109	0.104387	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	254,882	383,285	638,167	0.198316	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,235,293	6,967,560	12,202,853	0.051860	0.000000	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0	1,896	1,896	0.002637	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,425,300	18,046,976	28,472,276	0.446938	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,311,675	10,077,518	19,389,193	0.131943	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	27,959,863	47,548,412	75,508,275	0.042695	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,725,246	161,826	1,887,072	0.277686	0.000000	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,693,588	1,693,588	0.520106	0.000000	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	680	1,691,004	1,691,684	0.216109	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,198	919,524	924,722	0.893958	0.000000	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	5,214,386	5,214,386	0.175171	0.000000	90.01	
90.02	09002	PRCC	0	41,094,742	41,094,742	0.524748	0.000000	90.02	
91.00	09100	EMERGENCY	13,429,140	44,114,327	57,543,467	0.078735	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,831,212	7,654,691	10,485,903	0.206725	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	238,657,504	318,270,929	556,928,433			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	238,657,504	318,270,929	556,928,433			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 10:30 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
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
54.02	03630	ULTRA SOUND	0.000000		54.02
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
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
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/28/2018 10:30 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,033,204	0	1,033,204	14,085	73.35	30.00	
31.00	INTENSIVE CARE UNIT	256,283		256,283	568	451.20	31.00	
40.00	SUBPROVIDER - IPF	538,423	0	538,423	5,761	93.46	40.00	
43.00	NURSERY	15,567		15,567	267	58.30	43.00	
200.00	Total (lines 30 through 199)	1,843,477		1,843,477	20,681		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	3,455	253,424					30.00
31.00	INTENSIVE CARE UNIT	520	234,624					31.00
40.00	SUBPROVIDER - IPF	1,054	98,507					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	5,029	586,555					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	368,548	50,500,228	0.007298	9,394,629	68,562	50.00
51.00	05100	RECOVERY ROOM	284,165	15,585,999	0.018232	1,717,410	31,312	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	221,286	2,073,514	0.106720	7,905	844	52.00
53.00	05300	ANESTHESIOLOGY	9,360	4,644,782	0.002015	511,753	1,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,664	15,694,697	0.010046	1,634,964	16,425	54.00
54.02	03630	ULTRA SOUND	37,694	6,641,329	0.005676	594,613	3,375	54.02
57.00	05700	CT SCAN	26,184	31,202,899	0.000839	2,929,286	2,458	57.00
58.00	05800	MRI	32,150	3,396,278	0.009466	285,708	2,705	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,669	40,596,571	0.001347	3,452,282	4,650	59.00
60.00	06000	LABORATORY	29,411	36,325,311	0.000810	6,007,745	4,866	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,704	936,384	0.007159	272,751	1,953	63.00
65.00	06500	RESPIRATORY THERAPY	17,787	7,858,856	0.002263	2,712,950	6,139	65.00
66.00	06600	PHYSICAL THERAPY	6,625	5,137,967	0.001289	959,732	1,237	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942	699,109	0.002778	130,395	362	67.00
68.00	06800	SPEECH PATHOLOGY	4,289	638,167	0.006721	121,927	819	68.00
69.00	06900	ELECTROCARDIOLOGY	43,796	12,202,853	0.003589	2,082,977	7,476	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	1,896	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	199,453	28,472,276	0.007005	3,413,591	23,912	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,379	19,389,193	0.002186	3,253,058	7,111	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,580	75,508,275	0.000683	10,046,728	6,862	73.00
74.00	07400	RENAL DIALYSIS	8,728	1,887,072	0.004625	781,744	3,616	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	108,648	1,693,588	0.064153	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	35,615	1,691,684	0.021053	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	15,402	924,722	0.016656	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	6,324	5,214,386	0.001213	0	0	90.01
90.02	09002	PRCC	191,700	41,094,742	0.004665	0	0	90.02
91.00	09100	EMERGENCY	239,205	57,543,467	0.004157	3,881,338	16,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	163,581	10,485,903	0.015600	874,415	13,641	92.00
200.00		Total (lines 50 through 199)	2,364,889	478,042,148		55,067,901	225,491	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0174		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/28/2018 10:30 am	
					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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	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	14,085	0.00	3,455	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	568	0.00	520	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	5,761	0.00	1,054	40.00		
43.00	04300	NURSERY	0	0	267	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	20,681		5,029	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0174		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 10:30 am	
			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
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
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
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
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
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: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/28/2018 10:30 am

			Title XVIII		Hospital	PPS		
	Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 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	50,500,228	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,585,999	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,073,514	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,644,782	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,694,697	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	6,641,329	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	31,202,899	0.000000	57.00
58.00	05800	MRI	0	0	0	3,396,278	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	40,596,571	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	36,325,311	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	936,384	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,858,856	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,137,967	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	699,109	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	638,167	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,202,853	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	1,896	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,472,276	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,389,193	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	75,508,275	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,887,072	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,693,588	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,691,684	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	924,722	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	5,214,386	0.000000	90.01
90.02	09002	PRCC	0	0	0	41,094,742	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	57,543,467	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,485,903	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	478,042,148		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0174		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 10:30 am	
				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		9,394,629	0	4,820,377	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		1,717,410	0	2,289,561	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		7,905	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		511,753	0	788,472	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		1,634,964	0	2,111,336	0	54.00
54.02	03630	ULTRA SOUND	0.000000		594,613	0	499,872	0	54.02
57.00	05700	CT SCAN	0.000000		2,929,286	0	4,477,003	0	57.00
58.00	05800	MRI	0.000000		285,708	0	514,431	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		3,452,282	0	9,830,280	0	59.00
60.00	06000	LABORATORY	0.000000		6,007,745	0	2,513,195	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		272,751	0	47,303	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		2,712,950	0	153,862	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		959,732	0	55,469	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		130,395	0	6,313	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		121,927	0	4,689	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		2,082,977	0	1,644,466	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		0	0	1,896	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		3,413,591	0	6,143,203	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		3,253,058	0	3,904,674	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		10,046,728	0	20,168,438	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		781,744	0	71,233	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		0	0	118,253	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	531,528	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	122,570	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		0	0	0	0	90.01
90.02	09002	PRCC	0.000000		0	0	16,118,231	0	90.02
91.00	09100	EMERGENCY	0.000000		3,881,338	0	5,062,772	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		874,415	0	2,089,250	0	92.00
200.00		Total (lines 50 through 199)			55,067,901	0	84,088,677	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/28/2018 10:30 am

			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	0.067309	4,820,377	0	0	324,455	50.00
51.00	05100	RECOVERY ROOM	0.136730	2,289,561	0	0	313,052	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024358	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.041965	788,472	0	0	33,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136122	2,111,336	0	0	287,399	54.00
54.02	03630	ULTRA SOUND	0.091672	499,872	0	0	45,824	54.02
57.00	05700	CT SCAN	0.024073	4,477,003	0	0	107,775	57.00
58.00	05800	MRI	0.076819	514,431	0	0	39,518	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043742	9,830,280	0	0	429,996	59.00
60.00	06000	LABORATORY	0.104572	2,513,195	0	0	262,810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.025105	47,303	0	0	1,188	63.00
65.00	06500	RESPIRATORY THERAPY	0.126037	153,862	0	0	19,392	65.00
66.00	06600	PHYSICAL THERAPY	0.204872	55,469	0	0	11,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.104387	6,313	0	0	659	67.00
68.00	06800	SPEECH PATHOLOGY	0.198316	4,689	0	0	930	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051860	1,644,466	0	0	85,282	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.002637	1,896	0	0	5	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.446938	6,143,203	0	0	2,745,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131943	3,904,674	0	0	515,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.042695	20,168,438	0	19,607	861,091	73.00
74.00	07400	RENAL DIALYSIS	0.277686	71,233	0	0	19,780	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.520106	118,253	0	0	61,504	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.216109	531,528	0	0	114,868	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.893958	122,570	0	0	109,572	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.175171	0	0	0	0	90.01
90.02	09002	PRCC	0.524748	16,118,231	0	0	8,458,009	90.02
91.00	09100	EMERGENCY	0.078735	5,062,772	0	0	398,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206725	2,089,250	0	0	431,900	92.00
200.00		Subtotal (see instructions)		84,088,677	0	19,607	15,678,903	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		84,088,677	0	19,607	15,678,903	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174		Period: From 01/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 10:30 am
			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
54.02	03630	ULTRA SOUND	0	0		54.02
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
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
70.01	03320	ELECTROSHOCK THERAPY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	837		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0		90.01
90.02	09002	PRCC	0	0		90.02
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	837		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	837		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:

Worksheet D

Component CCN: 14-S174

From 01/01/2018
To 06/30/2018Part II
Date/Time Prepared:
11/28/2018 10:30 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	368,548	50,500,228	0.007298	0	0	50.00
51.00	05100 RECOVERY ROOM	284,165	15,585,999	0.018232	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	221,286	2,073,514	0.106720	0	0	52.00
53.00	05300 ANESTHESIOLOGY	9,360	4,644,782	0.002015	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	157,664	15,694,697	0.010046	16,673	167	54.00
54.02	03630 ULTRA SOUND	37,694	6,641,329	0.005676	4,506	26	54.02
57.00	05700 CT SCAN	26,184	31,202,899	0.000839	37,812	32	57.00
58.00	05800 MRI	32,150	3,396,278	0.009466	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	54,669	40,596,571	0.001347	1,126	2	59.00
60.00	06000 LABORATORY	29,411	36,325,311	0.000810	165,027	134	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,704	936,384	0.007159	111	1	63.00
65.00	06500 RESPIRATORY THERAPY	17,787	7,858,856	0.002263	662	1	65.00
66.00	06600 PHYSICAL THERAPY	6,625	5,137,967	0.001289	14,874	19	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,942	699,109	0.002778	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	4,289	638,167	0.006721	4,537	30	68.00
69.00	06900 ELECTROCARDIOLOGY	43,796	12,202,853	0.003589	14,285	51	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	1,896	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	199,453	28,472,276	0.007005	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	42,379	19,389,193	0.002186	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	51,580	75,508,275	0.000683	808,861	552	73.00
74.00	07400 RENAL DIALYSIS	8,728	1,887,072	0.004625	26,001	120	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	108,648	1,693,588	0.064153	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	35,615	1,691,684	0.021053	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	15,402	924,722	0.016656	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	6,324	5,214,386	0.001213	0	0	90.01
90.02	09002 PRCC	191,700	41,094,742	0.004665	0	0	90.02
91.00	09100 EMERGENCY	239,205	57,543,467	0.004157	97,332	405	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,485,903	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	2,201,308	478,042,148		1,191,807	1,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 10:30 am	
			Title XVIII		Subprovider - IPF		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
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
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
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
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
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: 14-0174 Component CCN: 14-S174		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 10:30 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 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	50,500,228	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	15,585,999	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,073,514	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	4,644,782	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	15,694,697	0.000000	54.00
54.02	03630	ULTRA SOUND		0	0	0	6,641,329	0.000000	54.02
57.00	05700	CT SCAN		0	0	0	31,202,899	0.000000	57.00
58.00	05800	MRI		0	0	0	3,396,278	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	40,596,571	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	36,325,311	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	936,384	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	7,858,856	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	5,137,967	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	699,109	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	638,167	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	12,202,853	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY		0	0	0	1,896	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	28,472,276	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	19,389,193	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	75,508,275	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,887,072	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	1,693,588	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,691,684	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	924,722	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES		0	0	0	5,214,386	0.000000	90.01
90.02	09002	PRCC		0	0	0	41,094,742	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	57,543,467	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,485,903	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	478,042,148		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 10:30 am	
				Title XVIII		Subprovider - IPF		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	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	16,673	0	0	0	54.00
54.02	03630	ULTRA SOUND		0.000000	4,506	0	0	0	54.02
57.00	05700	CT SCAN		0.000000	37,812	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	1,126	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	165,027	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	111	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	662	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	14,874	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	4,537	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	14,285	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	808,861	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	26,001	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES		0.000000	0	0	0	0	90.01
90.02	09002	PRCC		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	97,332	0	446	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,191,807	0	446	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0174

Period:

Worksheet D

Component CCN: 14-S174

From 01/01/2018
To 06/30/2018Part V
Date/Time Prepared:
11/28/2018 10:30 am

Title XVIII

Subprovider -
IPF

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	0.067309	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.136730	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024358	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.041965	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136122	0	0	0	54.00
54.02	03630	ULTRA SOUND	0.091672	0	0	0	54.02
57.00	05700	CT SCAN	0.024073	0	0	0	57.00
58.00	05800	MRI	0.076819	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043742	0	0	0	59.00
60.00	06000	LABORATORY	0.104572	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.025105	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.126037	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.204872	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.104387	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.198316	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051860	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.002637	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.446938	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131943	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.042695	0	0	373	73.00
74.00	07400	RENAL DIALYSIS	0.277686	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.520106	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.216109	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.893958	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.175171	0	0	0	90.01
90.02	09002	PRCC	0.524748	0	0	0	90.02
91.00	09100	EMERGENCY	0.078735	446	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206725	0	0	0	92.00
200.00		Subtotal (see instructions)		446	0	373	35
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		446	0	373	35

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/28/2018 10:30 am	
			Title XVIII		Subprovider - IPF		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
54.02	03630	ULTRA SOUND	0	0				54.02
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
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
70.01	03320	ELECTROSHOCK THERAPY	0	0				70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0				76.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99	07699	LITHOTRIPSY	0	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0				90.01
90.02	09002	PRCC	0	0				90.02
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	16				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 - line 201)	0	16				202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Hospital	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)		14,085	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,085	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)		11,855	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)		3,455	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)		13,691,527	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)		13,691,527	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)		13,691,527	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)		972.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,358,467	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)		3,358,467	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

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

Worksheet D-1

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	3,660,176	568	6,443.97	520	3,350,864
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,824,273
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,533,604
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					488,048
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					225,491
52.00	Total Program excludable cost (sum of lines 50 and 51)					713,539
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,820,065
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					2,230
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					972.06
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,167,694

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

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

Worksheet D-1

Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,033,204	13,691,527	0.075463	2,167,694	163,581	90.00
91.00	Nursing School cost	0	13,691,527	0.000000	2,167,694	0	91.00
92.00	Allied health cost	0	13,691,527	0.000000	2,167,694	0	92.00
93.00	All other Medical Education	0	13,691,527	0.000000	2,167,694	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,761	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,761	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)		5,761	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)		1,054	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)		6,089,220	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)		6,089,220	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)		6,089,220	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)		1,056.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,114,046	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,114,046	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 10:30 am	
				Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		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	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					75,097	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,189,143	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)					98,507	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,540	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					100,047	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,089,096	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)					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: 14-0174

Period:

Worksheet D-1

Component CCN: 14-S174

From 01/01/2018
To 06/30/2018Date/Time Prepared:
11/28/2018 10:30 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	538,423	6,089,220	0.088422	0	0	90.00
91.00	Nursing School cost	0	6,089,220	0.000000	0	0	91.00
92.00	Allied health cost	0	6,089,220	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,089,220	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 10:30 am	
			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		14,752,501		30.00
31.00	03100	INTENSIVE CARE UNIT		5,187,273		31.00
40.00	04000	SUBPROVIDER - IPF		184,403		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.067309	9,394,629	632,343	50.00
51.00	05100	RECOVERY ROOM	0.136730	1,717,410	234,821	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.024358	7,905	8,098	52.00
53.00	05300	ANESTHESIOLOGY	0.041965	511,753	21,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136122	1,634,964	222,555	54.00
54.02	03630	ULTRA SOUND	0.091672	594,613	54,509	54.02
57.00	05700	CT SCAN	0.024073	2,929,286	70,517	57.00
58.00	05800	MRI	0.076819	285,708	21,948	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043742	3,452,282	151,010	59.00
60.00	06000	LABORATORY	0.104572	6,007,745	628,242	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.025105	272,751	6,847	63.00
65.00	06500	RESPIRATORY THERAPY	0.126037	2,712,950	341,932	65.00
66.00	06600	PHYSICAL THERAPY	0.204872	959,732	196,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.104387	130,395	13,612	67.00
68.00	06800	SPEECH PATHOLOGY	0.198316	121,927	24,180	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051860	2,082,977	108,023	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.002637	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.446938	3,413,591	1,525,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.131943	3,253,058	429,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.042695	10,046,728	428,945	73.00
74.00	07400	RENAL DIALYSIS	0.277686	781,744	217,079	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.521077	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.216109	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.893958	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.175171	0	0	90.01
90.02	09002	PRCC	0.524748	0	0	90.02
91.00	09100	EMERGENCY	0.078805	3,881,338	305,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206725	874,415	180,763	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		55,067,901	5,824,273	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)		55,067,901	5,824,273	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 10:30 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		88,655		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		3,252,961		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.067309	0	0	50.00
51.00	05100 RECOVERY ROOM	0.136730	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.024358	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.041965	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136122	16,673	2,270	54.00
54.02	03630 ULTRA SOUND	0.091672	4,506	413	54.02
57.00	05700 CT SCAN	0.024073	37,812	910	57.00
58.00	05800 MRI	0.076819	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.043742	1,126	49	59.00
60.00	06000 LABORATORY	0.104572	165,027	17,257	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.025105	111	3	63.00
65.00	06500 RESPIRATORY THERAPY	0.126037	662	83	65.00
66.00	06600 PHYSICAL THERAPY	0.204872	14,874	3,047	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.104387	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.198316	4,537	900	68.00
69.00	06900 ELECTROCARDIOLOGY	0.051860	14,285	741	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.002637	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.446938	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.131943	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.042695	808,861	34,534	73.00
74.00	07400 RENAL DIALYSIS	0.277686	26,001	7,220	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.521077	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.216109	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.893958	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.175171	0	0	90.01
90.02	09002 PRCC	0.524748	0	0	90.02
91.00	09100 EMERGENCY	0.078805	97,332	7,670	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.206725	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,191,807	75,097	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)		1,191,807	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	8,857,045		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	0		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0		1.04
2.00	Outlier payments for discharges. (see instructions)	97,962		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)	213.68		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 which 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)		4.29	30.00
31.00	Percentage of Medicaid patient days (see instructions)		37.19	31.00
32.00	Sum of lines 30 and 31		41.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.44	33.00
34.00	Disproportionate share adjustment (see instructions)		519,023	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,474,009	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	730,946	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	730,946		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	10,204,976		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)		10,204,976	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		785,499	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)		10,990,475	59.00
60.00	Primary payer payments		2,798	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,987,677	61.00
62.00	Deductibles billed to program beneficiaries		859,824	62.00
63.00	Coinurance billed to program beneficiaries		17,749	63.00
64.00	Allowable bad debts (see instructions)		149,849	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		97,402	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		107,175	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,207,506	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	NEW TECHNOLOGY		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)		-28,085	70.93
70.94	HRR adjustment amount (see instructions)		-33,658	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A
Date/Time Prepared:
11/28/2018 10:30 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	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)			10,145,763	71.00
71.01	Sequestration adjustment (see instructions)			202,915	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			9,617,604	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)			325,244	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			204,364	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 10:30 am

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,857,045	0	8,857,045		8,857,045	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	97,962	0	97,962	0	97,962	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2344	0.2344	0.2344	0.2344		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	519,023	0	519,023	0	519,023	11.00	
11.01	Uncompensated care payments	36.00	730,946	0	1,309,368	364,931	1,674,299	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	10,204,976	0	9,840,045	364,931	10,204,976	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	10,204,976	0	9,840,045	364,931	10,204,976	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	785,499	0	785,499	0	785,499	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00	
17.01	Net organ aquisition cost							17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00	
19.00	SUBTOTAL			0	10,625,544	364,931	10,990,475	19.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 10:30 am

				Title XVIII		Hospital	PPS	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	721,490	0	721,490	0	721,490	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	806	0	806	0	806	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0876	0.0876	0.0876	0.0876		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	63,203	0	63,203	0	63,203	25.00
26.00	Total prospective capital payments (see instructions)	12.00	785,499	0	785,499	0	785,499	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2018 10:30 am

		Title XVIII		Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)
		0	1.00	2.00	3.00	4.00
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,857,045	8,857,045		8,857,045
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	97,962	97,962	0	97,962
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2344	0.2344	0.2344	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	519,023	519,023	0	519,023
11.01	Uncompensated care payments	36.00	730,946	730,946	0	730,946
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	10,204,976	10,204,976	0	10,204,976
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	10,204,976	10,204,976	0	10,204,976
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	785,499	785,499	0	785,499
17.00	Special add-on payments for new technologies	54.00	0	0	0	0
17.01	Net organ acquisition cost					17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			10,990,475	0	10,990,475

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2018 10:30 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	721,490	721,490	0	721,490	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	806	806	0	806	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0876	0.0876	0.0876		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	63,203	63,203	0	63,203	25.00
26.00	Total prospective capital payments (see instructions)	12.00	785,499	785,499	0	785,499	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-28,085	-28,085	0	-28,085	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-33,658	-33,658	0	-33,658	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		837	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,678,903	2.00
3.00	OPPS payments		11,924,993	3.00
4.00	Outlier payment (see instructions)		55,583	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)		837	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19,607	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)		19,607	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)		19,607	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,770	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)		837	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)		11,980,576	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,990,709	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)		9,990,704	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)		9,990,704	30.00
31.00	Primary payer payments		148	31.00
32.00	Subtotal (line 30 minus line 31)		9,990,556	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)		187,027	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		121,568	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		141,020	36.00
37.00	Subtotal (see instructions)		10,112,124	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,112,124	40.00
40.01	Sequestration adjustment (see instructions)		202,242	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,903,921	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		5,961	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

Health Financial Systems		PRESENCE MERCY MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2018	Worksheet E	
		Component CCN: 14-S174	To 06/30/2018	Part B Date/Time Prepared: 11/28/2018 10:30 am	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			16	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			35	2.00
3.00	OPPS payments			149	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			16	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			373	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)			373	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			373	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			357	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)			16	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)			149	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0	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)			165	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)			165	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			165	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)			3,020	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			1,963	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			2,128	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			2,128	40.00
40.01	Sequestration adjustment (see instructions)			43	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
41.00	Interim payments			175	41.00
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)			1,910	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: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/28/2018 10:30 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		9,513,878		9,791,158	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		103,726		112,763	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)		9,617,604		9,903,921	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		325,244		5,961	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		9,942,848		9,909,882	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: 14-0174
 Component CCN: 14-S174

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/28/2018 10:30 am

		Title XVIII		Subprovider - IPF		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		868,382		175	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)		868,382		175	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		23,293		1,910	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		891,675		2,085	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part I Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		0	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		0	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		0	6.00
7.00	Deductibles		0	7.00
8.00	Subtotal (line 6 minus line 7)		0	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		0	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		0	18.00
18.01	Sequestration adjustment (see instructions)		0	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		0	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		0	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/28/2018 10:30 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			981,148 1.00
2.00	Net IPF PPS Outlier Payments			10,060 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			31.828729 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			991,208 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			991,208 16.00
17.00	Primary payer payments			3,731 17.00
18.00	Subtotal (line 16 less line 17).			987,477 18.00
19.00	Deductibles			97,700 19.00
20.00	Subtotal (line 18 minus line 19)			889,777 20.00
21.00	Coinsurance			3,667 21.00
22.00	Subtotal (line 20 minus line 21)			886,110 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,557 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			23,762 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			28,943 25.00
26.00	Subtotal (sum of lines 22 and 24)			909,872 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			909,872 31.00
31.01	Sequestration adjustment (see instructions)			18,197 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			868,382 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			23,293 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			10,060 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0174

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

Worksheet G

Date/Time Prepared:

11/28/2018 10:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,573,265	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	139,018,390	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-109,071,622	0	0	0	6.00
7.00	Inventory	5,267,647	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,921,328	0	0	0	9.00
10.00	Due from other funds	-1,386,851	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	37,322,157	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,850,000	0	0	0	12.00
13.00	Land improvements	2,072,750	0	0	0	13.00
14.00	Accumulated depreciation	-155,628	0	0	0	14.00
15.00	Buildings	36,476,315	0	0	0	15.00
16.00	Accumulated depreciation	-449,339	0	0	0	16.00
17.00	Leasehold improvements	180,250	0	0	0	17.00
18.00	Accumulated depreciation	-17,061	0	0	0	18.00
19.00	Fixed equipment	11,586,117	0	0	0	19.00
20.00	Accumulated depreciation	-1,542,802	0	0	0	20.00
21.00	Automobiles and trucks	32,500	0	0	0	21.00
22.00	Accumulated depreciation	-1,444	0	0	0	22.00
23.00	Major movable equipment	2,947,065	0	0	0	23.00
24.00	Accumulated depreciation	-189,375	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	56,789,348	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,736,996	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	802,105	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,539,101	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	100,650,606	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,214,632	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	126,597	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,744,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,086,176	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	73,756	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	73,756	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,159,932	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	77,490,674	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)	77,490,674	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	100,650,606	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0174

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

Worksheet G-1

Date/Time Prepared:
11/28/2018 10:30 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		83,875,258		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,250,226				2.00
3.00	Total (sum of line 1 and line 2)		89,125,484		0		3.00
4.00	ADJUSTMENT	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		89,125,484		0		11.00
12.00	NET ASSET TRANSFERS	4,886,112		0		0	12.00
13.00	OPENING BALANCE SHEET ADJUSTMENT	6,748,698		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		11,634,810		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		77,490,674		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	ADJUSTMENT		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSET TRANSFERS		0				12.00
13.00	OPENING BALANCE SHEET ADJUSTMENT		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2018 10:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,712,980		43,712,980	1.00
2.00	SUBPROVIDER - IPF	18,861,241		18,861,241	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,574,221		62,574,221	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,980,778		15,980,778	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)	15,980,778		15,980,778	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	78,554,999		78,554,999	17.00
18.00	Ancillary services	160,102,505	219,273,259	379,375,764	18.00
19.00	Outpatient services	0	98,997,670	98,997,670	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - CONTRACT PHARMACY	0	125,524	125,524	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	238,657,504	318,396,453	557,053,957	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		92,533,746		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)		92,533,746		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0174

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

Worksheet G-3

Date/Time Prepared:
11/28/2018 10:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	557,053,957	1.00
2.00	Less contractual allowances and discounts on patients' accounts	463,488,004	2.00
3.00	Net patient revenues (line 1 minus line 2)	93,565,953	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	92,533,746	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,032,207	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	86,299	6.00
7.00	Income from investments	26,158	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	219,521	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,886,041	24.00
25.00	Total other income (sum of lines 6-24)	4,218,019	25.00
26.00	Total (line 5 plus line 25)	5,250,226	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)	5,250,226	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0174	Period: From 01/01/2018 To 06/30/2018	Worksheet I-5 Date/Time Prepared: 11/28/2018 10:30 am	
				1.00	2.00
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B					
1.00	Total expenses related to care of program beneficiaries (see instructions)		0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)				2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)				2.02
2.03	Total payment due (see instructions)		0	0	2.03
2.04	Outlier payments		0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)				3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)				3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)		0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients		0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)		0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012		0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013		0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014		0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014		0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)		0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)		0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		0	0	8.00
9.00	Program payment (see instructions)		0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)				10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE					
12.00	Total allowable expenses (see instructions)		0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)		0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		0.000000		14.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0174

Period:
From 01/01/2018
To 06/30/2018Worksheet L
Parts I-III
Date/Time Prepared:
11/28/2018 10:30 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	721,490	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	806	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)	68.85	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)	4.29	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	37.19	8.00
9.00	Sum of lines 7 and 8	41.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.76	10.00
11.00	Disproportionate share adjustment (see instructions)	63,203	11.00
12.00	Total prospective capital payments (see instructions)	785,499	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