

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).

OMB NO. 0938-0050
EXPIRES 05-31-2019

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

Provider CCN: 14-0187

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

Worksheet S
Parts I-III
Date/Time Prepared:
11/28/2018 5:07 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/28/2018	Time: 5:07 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL (14-0187) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-83,668	-10,175	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-2,868	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	-86,536	-10,175	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: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 5:07 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1 SAINT ELIZABETH BLVD			PO Box:				1.00	
2.00	City: O'FALLON			State: IL		Zip Code: 62269		County: ST. CLAIR	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N
4.00	Subprovider - IPF							P	0
5.00	Subprovider - IRF			REHABILITATION	14T187	41180	5	07/01/1987	N
6.00	Subprovider - (Other)							P	0
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			BELLEVILLE HHA	147506	41180		11/01/1991	
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018	20.00
21.00	Type of Control (see instructions)						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.			1,208	1,123	0	0	2,656	154
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 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.			90	234	0	0	156	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 5:07 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	N				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		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.	Y				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)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N		0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2017
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Part I
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
	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

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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		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	10.76	0.000000	67.00
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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.				Y		75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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	Y		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

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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
						1.00	
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.	0					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	492,939		972,792		3,664,851	
						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				5.06	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 5:07 pm	
		1.00		2.00			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 00131		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State:		Zip Code: 62707		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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0				168.00	
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)	07/01/2017		06/30/2018		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 5:07 pm
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 5:07 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	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	10/18/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N		Legal Oper.	
				1.00		2.00	
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			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.			Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			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.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	10/10/2018	Y	10/10/2018
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.	BKD LLP	BKD LLP		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435	LVCOSTREPORTS@BKD.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 5:07 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		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: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	112	48,188	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)		112	48,188	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	6,848	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)		128	55,036	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	7,604		0	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)		144				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: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,635	741	24,155		1.00
2.00	HMO and other (see instructions)	4,677	3,779			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	399	390			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)	10,635	741	24,155		7.00
8.00	INTENSIVE CARE UNIT	2,434	162	5,047		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		305	1,848		13.00
14.00	Total (see instructions)	13,069	1,208	31,050	14.77	900.84
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	2,317	90	4,376	0.00	19.39
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	134		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
27.00	Total (sum of lines 14-26)				14.77	920.23
28.00	Observation Bed Days		113	2,572		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			339		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	154	381		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: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Component		Full Time Equivalents	Discharges			Total All Patients	
		Nonpaid Workers	Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,923	935	8,699	1.00
2.00	HMO and other (see instructions)			1,059	598		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				13		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,923	935	8,699	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	204	8	396	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: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	55,862,457	0	55,862,457	1,914,093.16	29.18 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		345,229	0	345,229	1,960.00	176.14 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		1,873,153	0	1,873,153	30,722.45	60.97 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		1,986,829	-217,609	1,769,220	52,486.37	33.71 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,959,020	0	6,959,020	148,211.97	46.95 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		590,360	0	590,360	3,865.65	152.72 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		6,226,617	0	6,226,617	127,834.00	48.71 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,355,347	0	24,355,347		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		756,290	0	756,290		
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		104,272	0	104,272		
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)		3,092,189	0	3,092,189		
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		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	8,975,148	610,855	9,586,003	356,670.12	26.88
28.00	Administrative & General under contract (see inst.)		1,414,240	0	1,414,240	7,800.32	181.31
29.00	Maintenance & Repairs	6.00	275,310	0	275,310	8,918.75	30.87
30.00	Operation of Plant	7.00	1,294,054	0	1,294,054	53,861.89	24.03
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,021,013	0	1,021,013	89,938.75	11.35
33.00	Housekeeping under contract (see instructions)		779,940	0	779,940	14,178.12	55.01
34.00	Dietary	10.00	940,138	-510,545	429,593	28,352.24	15.15
35.00	Dietary under contract (see instructions)		580,579	0	580,579	15,264.37	38.03
36.00	Cafeteria	11.00	0	510,545	510,545	38,880.13	13.13
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,125,558	0	1,125,558	26,199.75	42.96
39.00	Central Services and Supply	14.00	529,869	0	529,869	29,673.85	17.86
40.00	Pharmacy	15.00	2,179,308	-396,772	1,782,536	49,815.05	35.78
41.00	Medical Records & Medical Records Library	16.00	807,074	0	807,074	37,842.67	21.33
42.00	Social Service	17.00	1,127,134	0	1,127,134	31,511.78	35.77
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/28/2018 5:07 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	56,764,063	0	56,764,063	1,920,613.52	29.56	1.00
2.00	Excluded area salaries (see instructions)	1,986,829	-217,609	1,769,220	52,486.37	33.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,777,234	217,609	54,994,843	1,868,127.15	29.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,775,997	0	13,775,997	279,911.62	49.22	4.00
5.00	Subtotal wage-related costs (see inst.)	27,551,808	0	27,551,808	0.00	50.10	5.00
6.00	Total (sum of lines 3 thru 5)	96,105,039	217,609	96,322,648	2,148,038.77	44.84	6.00
7.00	Total overhead cost (see instructions)	21,049,365	214,083	21,263,448	788,907.79	26.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2018 5:07 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		325,037	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)		9,002,635	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		9,889,712	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		83,807	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,020,308	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		4,531,929	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		205,824	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))		33,575	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		123,082	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		25,215,909	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: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,959,020	25,215,909	1.00
2.00	Hospital	6,959,020	24,685,069	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	530,840	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	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/28/2018 5:07 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.275936 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	4,125,243		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	28,566,683		6.00
7.00	Medicaid cost (line 1 times line 6)	7,882,576		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)	3,757,333		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)	3,757,333		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)	11,084,748	1,146,667	12,231,415 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,058,681	1,146,667	4,205,348 21.00
22.00	Payments received from patients for amounts previously written off as charity care	1,074	7,973	9,047 22.00
23.00	Cost of charity care (line 21 minus line 22)	3,057,607	1,138,694	4,196,301 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)	13,436,053		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	352,576		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	542,424		27.01
28.00	Non-Medicare bad debt expense (see instructions)	12,893,629		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,747,664		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,943,965		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,701,298		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	12,185,763	12,185,763	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,448,242	9,448,242	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		12,132,309	12,132,309	-181	12,132,128	4.00
5.01	00540	NONPATIENT TELEPHONES	203,447	79,101	282,548	-77,274	205,274	5.01
5.02	00550	DATA PROCESSING	473,068	13,881,731	14,354,799	-1,390,391	12,964,408	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,377	2,377	-1,673	704	5.03
5.04	00570	ADMITTING	1,006,636	372,987	1,379,623	-12,960	1,366,663	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	869,299	2,500,667	3,369,966	-26	3,369,940	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	6,422,698	35,920,087	42,342,785	-3,422,954	38,919,831	5.06
6.00	00600	MAINTENANCE & REPAIRS	275,310	1,242,067	1,517,377	-31,233	1,486,144	6.00
7.00	00700	OPERATION OF PLANT	1,294,054	7,813,420	9,107,474	-5,400,313	3,707,161	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	787,036	787,036	-2,568	784,468	8.00
9.00	00900	HOUSEKEEPING	1,021,013	909,856	1,930,869	-84,149	1,846,720	9.00
10.00	01000	DIETARY	940,138	828,649	1,768,787	-1,020,458	748,329	10.00
11.00	01100	CAFETERIA	0	0	0	1,013,281	1,013,281	11.00
13.00	01300	NURSING ADMINISTRATION	1,125,558	158,869	1,284,427	-67,612	1,216,815	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	529,869	145,024	674,893	-121,053	553,840	14.00
15.00	01500	PHARMACY	2,179,308	8,640,901	10,820,209	-8,789,383	2,030,826	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	807,074	918,864	1,725,938	-1,802	1,724,136	16.00
17.00	01700	SOCIAL SERVICE	1,127,134	1,195,171	2,322,305	-25,159	2,297,146	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,557,241	1,557,241	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	315,913	315,913	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	419,495	419,495	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,656,054	3,175,124	13,831,178	-1,267,575	12,563,603	30.00
31.00	03100	INTENSIVE CARE UNIT	3,913,804	943,471	4,857,275	-608,995	4,248,280	31.00
41.00	04100	SUBPROVIDER - IRF	1,241,816	320,207	1,562,023	-271,381	1,290,642	41.00
43.00	04300	NURSERY	456,712	1,052,489	1,509,201	-2,797	1,506,404	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,181,700	11,000,581	15,182,281	-9,099,671	6,082,610	50.00
51.00	05100	RECOVERY ROOM	575,458	108,380	683,838	-103,262	580,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,106,436	2,682	1,109,118	-1,712	1,107,406	52.00
53.00	05300	ANESTHESIOLOGY	72,693	467,605	540,298	-413,942	126,356	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,184,905	1,578,302	3,763,207	-1,378,418	2,384,789	54.00
56.00	05600	RADIOISOTOPE	327,935	514,690	842,625	-496,747	345,878	56.00
57.00	05700	CT SCAN	499,567	428,557	928,124	-407,104	521,020	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,752,109	8,157,564	9,909,673	-7,835,139	2,074,534	59.00
60.00	06000	LABORATORY	2,385,825	3,744,503	6,130,328	-2,728,446	3,401,882	60.00
64.00	06400	INTRAVENOUS THERAPY	139,932	252,050	391,982	-49,995	341,987	64.00
65.00	06500	RESPIRATORY THERAPY	1,084,947	396,044	1,480,991	-380,353	1,100,638	65.00
66.00	06600	PHYSICAL THERAPY	575,441	3,174,567	3,750,008	-500,324	3,249,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	151,114	151,114	229,418	380,532	67.00
68.00	06800	SPEECH PATHOLOGY	114	141,564	141,678	134,749	276,427	68.00
69.00	06900	ELECTROCARDIOLOGY	718,694	303,893	1,022,587	-138,297	884,290	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,052,077	13,052,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,629,321	7,629,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,830,128	7,830,128	73.00
74.00	07400	RENAL DIALYSIS	0	529,846	529,846	-8,886	520,960	74.00
76.00	03952	PAIN MANAGEMENT	420,782	176,704	597,486	-171,431	426,055	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	267,906	98,078	365,984	-36,201	329,783	76.03
76.04	03650	VASCULAR LAB	236,327	243,307	479,634	-232,997	246,637	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	194,366	25,314,667	25,509,033	-2,116,245	23,392,788	90.00
91.00	09100	EMERGENCY	3,194,281	1,616,785	4,811,066	-700,792	4,110,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	655,034	50,804	705,838	288,788	994,626	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,117,444	151,472,694	206,590,138	4,704,517	211,294,655	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,007	32,345	40,352	-2,392	37,960	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	737,006	5,083,172	5,820,178	-4,880,094	940,084	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	177,969	177,969	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	55,862,457	156,588,211	212,450,668	0	212,450,668	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	12,658	12,198,421	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-4,591	9,443,651	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,609,103	7,523,025	4.00
5.01	00540	NONPATIENT TELEPHONES	0	205,274	5.01
5.02	00550	DATA PROCESSING	781,020	13,745,428	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	704	5.03
5.04	00570	ADMITTING	0	1,366,663	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-18,926	3,351,014	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-15,267,108	23,652,723	5.06
6.00	00600	MAINTENANCE & REPAIRS	-39,676	1,446,468	6.00
7.00	00700	OPERATION OF PLANT	-28,484	3,678,677	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-16,664	767,804	8.00
9.00	00900	HOUSEKEEPING	0	1,846,720	9.00
10.00	01000	DIETARY	-2,681	745,648	10.00
11.00	01100	CAFETERIA	0	1,013,281	11.00
13.00	01300	NURSING ADMINISTRATION	-965	1,215,850	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	553,840	14.00
15.00	01500	PHARMACY	0	2,030,826	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-88,554	1,635,582	16.00
17.00	01700	SOCIAL SERVICE	0	2,297,146	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,557,241	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	315,913	22.00
23.00	02300	PARAMED ED PRGM	0	419,495	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,020	12,560,583	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,248,280	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,290,642	41.00
43.00	04300	NURSERY	0	1,506,404	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,451	6,078,159	50.00
51.00	05100	RECOVERY ROOM	0	580,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,107,406	52.00
53.00	05300	ANESTHESIOLOGY	0	126,356	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,717	2,382,072	54.00
56.00	05600	RADIOISOTOPE	0	345,878	56.00
57.00	05700	CT SCAN	0	521,020	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,074,534	59.00
60.00	06000	LABORATORY	-8,670	3,393,212	60.00
64.00	06400	INTRAVENOUS THERAPY	0	341,987	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,100,638	65.00
66.00	06600	PHYSICAL THERAPY	-480	3,249,204	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	380,532	67.00
68.00	06800	SPEECH PATHOLOGY	-250	276,177	68.00
69.00	06900	ELECTROCARDIOLOGY	-127,655	756,635	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,052,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,629,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,174	7,828,954	73.00
74.00	07400	RENAL DIALYSIS	0	520,960	74.00
76.00	03952	PAIN MANAGEMENT	0	426,055	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	76.02
76.03	03950	SLEEP LAB	-18,000	311,783	76.03
76.04	03650	VASCULAR LAB	-8,131	238,506	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-471,863	22,920,925	90.00
91.00	09100	EMERGENCY	-437,612	3,672,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	OTHER OP	0	994,626	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-20,367,097	190,927,558	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,960	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	940,084	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	177,969	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-20,367,097	192,083,571	200.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 5:07 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
	A - SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,052,077	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,629,321	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	
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	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
0			0	20,681,398		
B - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,830,128	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	328	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
0			0	7,830,456		

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 5:07 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	122,436	55,533		1.00
	0		122,436	55,533		
	D - RENT EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,543,446		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	793,759		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
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
39.00		0.00	0	0		39.00
	0		0	3,337,205		
	E - DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,642,317		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,654,483		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

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 5:07 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
39.00		0.00	0	0		39.00
0			0	18,296,800		
F - CAFETERIA						
1.00	CAFETERIA	11.00	510,545	502,736		1.00
0			510,545	502,736		
G - THERAPY RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	0	231,151		1.00
2.00	SPEECH PATHOLOGY	68.00	0	146,196		2.00
0			0	377,347		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,557,241		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	315,913		2.00
0			0	1,873,154		
I - PHARMACY RESIDENCY PROGRAM						
1.00	PARAMED ED PRGM	23.00	396,772	22,723		1.00
0			396,772	22,723		
J - URGENT CARE/PT RECLASS						
1.00	PHYSICAL THERAPY	66.00	47	51,348		1.00
2.00	OTHER OP	93.00	298	323,085		2.00
	TOTALS		345	374,433		
K - SLEEP LAB RECLASS						
1.00	SLEEP LAB	76.03	3,181	11,676		1.00
	TOTALS		3,181	11,676		
L - ADMIN RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	733,291	492,317		1.00
	TOTALS		733,291	492,317		
500.00	Grand Total: Increases		1,766,570	53,855,778		500.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 5:07 pm

		Decreases					11/28/2018 5:07 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - SUPPLIES & IMPLANTS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	181	0	1.00		
2.00	DATA PROCESSING	5.02	0	393	0	2.00		
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,673	0	3.00		
4.00	ADMITTING	5.04	0	762	0	4.00		
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	26	0	5.00		
6.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	8,801	0	6.00		
7.00	MAINTENANCE & REPAIRS	6.00	0	201	0	7.00		
8.00	OPERATION OF PLANT	7.00	0	3,398	0	8.00		
9.00	LAUNDRY & LINEN SERVICE	8.00	0	5	0	9.00		
10.00	HOUSEKEEPING	9.00	0	40,704	0	10.00		
11.00	DIETARY	10.00	0	20	0	11.00		
12.00	NURSING ADMINISTRATION	13.00	0	440	0	12.00		
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,118	0	13.00		
14.00	PHARMACY	15.00	0	94,319	0	14.00		
15.00	SOCIAL SERVICE	17.00	0	284	0	15.00		
16.00	ADULTS & PEDIATRICS	30.00	0	862,527	0	16.00		
17.00	INTENSIVE CARE UNIT	31.00	0	325,945	0	17.00		
18.00	SUBPROVIDER - IRF	41.00	0	48,033	0	18.00		
19.00	NURSERY	43.00	0	2,565	0	19.00		
20.00	OPERATING ROOM	50.00	0	7,308,012	0	20.00		
21.00	RECOVERY ROOM	51.00	0	23,005	0	21.00		
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,707	0	22.00		
23.00	ANESTHESIOLOGY	53.00	0	300,556	0	23.00		
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	236,455	0	24.00		
25.00	RADIOISOTOPE	56.00	0	380,246	0	25.00		
26.00	CT SCAN	57.00	0	182,823	0	26.00		
27.00	CARDIAC CATHETERIZATION	59.00	0	7,112,372	0	27.00		
28.00	LABORATORY	60.00	0	2,405,768	0	28.00		
29.00	INTRAVENOUS THERAPY	64.00	0	46,608	0	29.00		
30.00	RESPIRATORY THERAPY	65.00	0	305,279	0	30.00		
31.00	PHYSICAL THERAPY	66.00	0	71,932	0	31.00		
32.00	OCCUPATIONAL THERAPY	67.00	0	1,025	0	32.00		
33.00	SPEECH PATHOLOGY	68.00	0	2,380	0	33.00		
34.00	ELECTROCARDIOLOGY	69.00	0	24,178	0	34.00		
35.00	RENAL DIALYSIS	74.00	0	6,416	0	35.00		
36.00	PAIN MANAGEMENT	76.00	0	149,031	0	36.00		
37.00	SLEEP LAB	76.03	0	10,499	0	37.00		
38.00	VASCULAR LAB	76.04	0	2,693	0	38.00		
39.00	CLINIC	90.00	0	177,019	0	39.00		
40.00	EMERGENCY	91.00	0	509,583	0	40.00		
41.00	OTHER OP	93.00	0	32,416	0	41.00		
0			0	20,681,398				
B - DRUGS CHARGED TO PATIENTS								
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,432	0	1.00		
2.00	MAINTENANCE & REPAIRS	6.00	0	99	0	2.00		
3.00	DIETARY	10.00	0	730	0	3.00		
4.00	PHARMACY	15.00	0	7,746,110	0	4.00		
5.00	ADULTS & PEDIATRICS	30.00	0	10,534	0	5.00		
6.00	INTENSIVE CARE UNIT	31.00	0	2,867	0	6.00		
7.00	SUBPROVIDER - IRF	41.00	0	154	0	7.00		
8.00	NURSERY	43.00	0	23	0	8.00		
9.00	OPERATING ROOM	50.00	0	7,781	0	9.00		
10.00	RECOVERY ROOM	51.00	0	169	0	10.00		
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5	0	11.00		
12.00	ANESTHESIOLOGY	53.00	0	3,281	0	12.00		
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101	0	13.00		
14.00	RADIOISOTOPE	56.00	0	59	0	14.00		
15.00	CT SCAN	57.00	0	85	0	15.00		
16.00	CARDIAC CATHETERIZATION	59.00	0	5,921	0	16.00		
17.00	LABORATORY	60.00	0	3	0	17.00		
18.00	INTRAVENOUS THERAPY	64.00	0	541	0	18.00		
19.00	RESPIRATORY THERAPY	65.00	0	545	0	19.00		
20.00	PHYSICAL THERAPY	66.00	0	137	0	20.00		
21.00	ELECTROCARDIOLOGY	69.00	0	322	0	21.00		
22.00	RENAL DIALYSIS	74.00	0	1,972	0	22.00		
23.00	PAIN MANAGEMENT	76.00	0	168	0	23.00		
24.00	CLINIC	90.00	0	19,036	0	24.00		
25.00	EMERGENCY	91.00	0	23,041	0	25.00		
26.00	OTHER OP	93.00	0	340	0	26.00		

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 5:07 pm

		Decreases					11/20/2010 9:07 PM	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	0		0	7,830,456				
1.00	C - COMMUNITY RELATIONS						1.00	
	OTHER ADMINISTRATIVE & GENERAL	5.06	122,436	55,533	0			
	0		122,436	55,533				
	D - RENT EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	73	10		1.00	
2.00	DATA PROCESSING	5.02	0	3,586	10		2.00	
3.00	ADMITTING	5.04	0	3,930	0		3.00	
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	63,224	0		4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	477	0		5.00	
6.00	OPERATION OF PLANT	7.00	0	6,510	0		6.00	
7.00	HOUSEKEEPING	9.00	0	4,116	0		7.00	
8.00	DIETARY	10.00	0	2,216	0		8.00	
9.00	NURSING ADMINISTRATION	13.00	0	6,196	0		9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,873	0		10.00	
11.00	PHARMACY	15.00	0	517,674	0		11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,802	0		12.00	
13.00	SOCIAL SERVICE	17.00	0	1,329	0		13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	59,782	0		14.00	
15.00	INTENSIVE CARE UNIT	31.00	0	14,182	0		15.00	
16.00	SUBPROVIDER - IRF	41.00	0	12,016	0		16.00	
17.00	NURSERY	43.00	0	209	0		17.00	
18.00	OPERATING ROOM	50.00	0	8,649	0		18.00	
19.00	RECOVERY ROOM	51.00	0	377	0		19.00	
20.00	ANESTHESIOLOGY	53.00	0	440	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,706	0		21.00	
22.00	RADIOISOTOPE	56.00	0	80	0		22.00	
23.00	CT SCAN	57.00	0	98	0		23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	6,291	0		24.00	
25.00	LABORATORY	60.00	0	10,994	0		25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	1,158	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	6,492	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	52,926	0		28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	22	0		29.00	
30.00	SPEECH PATHOLOGY	68.00	0	440	0		30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	2,398	0		31.00	
32.00	RENAL DIALYSIS	74.00	0	385	0		32.00	
33.00	PAIN MANAGEMENT	76.00	0	1,778	0		33.00	
34.00	SLEEP LAB	76.03	0	5,161	0		34.00	
35.00	VASCULAR LAB	76.04	0	1,455	0		35.00	
36.00	CLINIC	90.00	0	11,468	0		36.00	
37.00	EMERGENCY	91.00	0	5,234	0		37.00	
38.00	OTHER OP	93.00	0	1,160	0		38.00	
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,502,298	0		39.00	
	0		0	3,337,205				
	E - DEPRECIATION EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	77,201	9		1.00	
2.00	DATA PROCESSING	5.02	0	1,386,412	9		2.00	
3.00	ADMITTING	5.04	0	8,268	0		3.00	
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	4,392,136	0		4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	30,456	0		5.00	
6.00	OPERATION OF PLANT	7.00	0	5,390,405	0		6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	0	2,563	0		7.00	
8.00	HOUSEKEEPING	9.00	0	39,329	0		8.00	
9.00	DIETARY	10.00	0	4,211	0		9.00	
10.00	NURSING ADMINISTRATION	13.00	0	60,976	0		10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	105,390	0		11.00	
12.00	PHARMACY	15.00	0	11,785	0		12.00	
13.00	SOCIAL SERVICE	17.00	0	23,546	0		13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	334,732	0		14.00	
15.00	INTENSIVE CARE UNIT	31.00	0	266,001	0		15.00	
16.00	SUBPROVIDER - IRF	41.00	0	211,178	0		16.00	
17.00	OPERATING ROOM	50.00	0	1,775,229	0		17.00	
18.00	RECOVERY ROOM	51.00	0	79,711	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	109,665	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,136,156	0		20.00	
21.00	RADIOISOTOPE	56.00	0	116,362	0		21.00	
22.00	CT SCAN	57.00	0	224,098	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	710,555	0		23.00	
24.00	LABORATORY	60.00	0	311,681	0		24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	1,688	0		25.00	

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 5:07 pm

		Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
26.00	RESPIRATORY THERAPY	65.00	0	68,037	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	49,377	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	686	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	8,627	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	111,399	0		30.00
31.00	RENAL DIALYSIS	74.00	0	113	0		31.00
32.00	PAIN MANAGEMENT	76.00	0	20,454	0		32.00
33.00	SLEEP LAB	76.03	0	35,398	0		33.00
34.00	VASCULAR LAB	76.04	0	228,849	0		34.00
35.00	CLINIC	90.00	0	35,568	0		35.00
36.00	EMERGENCY	91.00	0	162,934	0		36.00
37.00	OTHER OP	93.00	0	679	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,392	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	762,553	0		39.00
	0		0	18,296,800			
F - CAFETERIA							
1.00	DIETARY	10.00	510,545	502,736	0		1.00
	0		510,545	502,736			
G - THERAPY RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	377,347	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	377,347			
H - INTERNS AND RESIDENTS							
1.00	CLINIC	90.00	0	1,873,154	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,873,154			
I - PHARMACY RESIDENCY PROGRAM							
1.00	PHARMACY	15.00	396,772	22,723	0		1.00
	0		396,772	22,723			
J - URGENT CARE/PT RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	345	374,433	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		345	374,433			
K - SLEEP LAB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,181	11,676	0		1.00
	TOTALS		3,181	11,676			
L - ADMIN RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	733,291	492,317	0		1.00
	TOTALS		733,291	492,317			
500.00	Grand Total: Decreases		1,766,570	53,855,778			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	22,952,115	0	0	0	104,481	1.00
2.00	Land Improvements	5,984,789	9,406,350	0	9,406,350	0	2.00
3.00	Buildings and Fixtures	45,542,340	31,139,171	0	31,139,171	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	77,323,932	15,740,368	0	15,740,368	0	5.00
6.00	Movable Equipment	71,454,339	19,702,467	0	19,702,467	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	223,257,515	75,988,356	0	75,988,356	104,481	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	223,257,515	75,988,356	0	75,988,356	104,481	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	22,847,634	0				1.00
2.00	Land Improvements	15,391,139	0				2.00
3.00	Buildings and Fixtures	76,681,511	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	93,064,300	0				5.00
6.00	Movable Equipment	91,156,806	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	299,141,390	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	299,141,390	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

11/26/2016 3:47 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	207,984,584	0	207,984,584	0.695272	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	91,156,806	0	91,156,806	0.304728	0	2.00
3.00	Total (sum of lines 1-2)	299,141,390	0	299,141,390	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,642,317	2,543,446	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,654,483	789,168	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,296,800	3,332,614	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,658	0	0	0	12,198,421	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,443,651	2.00
3.00	Total (sum of lines 1-2)	12,658	0	0	0	21,642,072	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	12,658	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-4,591	NEW CAP REL COSTS-MVBLE EQUIP	2.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-39,676	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,857,302			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	1,179,617			0	12.00
13.00	Laundry and linen service	B	-16,664	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	B	-1,174	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-88,554	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-2,681	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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS A&P	B	-3,020	ADULTS & PEDIATRICS	30.00	0	33.00
33.01	MISCELLANEOUS RADIOLOGY	B	-2,717	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02	MISCELLANEOUS LAB	B	-8,670	LABORATORY	60.00	0	33.02
33.03	MISCELLANEOUS EMERGENCY ROOM	B	-12,710	EMERGENCY	91.00	0	33.03
33.04	MISCELLANEOUS EDUCATION SERVICES	B	-425	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS BUSINESS OFFICE	B	-18,926	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.05
33.06	MISCELLANEOUS PT	B	-480	PHYSICAL THERAPY	66.00	0	33.06
33.07	MISCELLANEOUS ADMINISTRATIVE	B	-600,072	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.07
33.08	MISCELLANEOUS AUDIOLOGY	B	-250	SPEECH PATHOLOGY	68.00	0	33.08
33.09	MISCELLANEOUS PLANT OPS	B	-28,484	OPERATION OF PLANT	7.00	0	33.09
33.10	MISCELLANEOUS IS	B	-68,473	DATA PROCESSING	5.02	0	33.10
33.11	IHA DUES	A	-26,839	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.11
33.12	CHA DUES	A	-1,559	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.12
33.13	AHA DUES	A	-6,366	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.13
33.14	ADVERTISING	A	-175	DATA PROCESSING	5.02	0	33.14
33.15	ADVERTISING	A	-1,310,397	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16	LEGAL SETTLEMENT	A	-164,454	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.16
33.17	PHYSICIAN RECRUITMENT EXPENSE	A	-4,818	CLINIC	90.00	0	33.17
33.18	SPECIAL EVENTS	A	-31,331	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.18
33.19	PHYSICIAN LIABILITY INSURANCE	A	-169,538	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.19
33.20	PROVIDER TAX ADJUSTMENT	A	-10,566,130	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.20
33.21	GIFTS	A	-1,765	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.21
33.22	SEASON TICKETS	A	-17,845	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.22
33.23	SELF INSURANCE	A	-4,503,286	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
33.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.26
33.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.27
33.28	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.28
33.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.29
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,367,097				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: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 5:07 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.06	OTHER ADMINISTRATIVE & GENERAL	ADMINISTRATION - SSC MANAGEM	4,011,836	3,576,070 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE CAPITAL ME	11,280,926	11,386,743 2.00
3.00		5.02	DATA PROCESSING	HEALTH INSURANCE TRUST FUND	13,106,953	12,257,285 3.00
4.00		0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				28,399,715	27,220,098 5.00

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

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

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

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

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

6.00	A	HSNA/CCC	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 5:07 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	435,766	0		1.00
2.00	-105,817	0		2.00
3.00	849,668	0		3.00
4.00	0	0		4.00
5.00	1,179,617			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0187

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2018 5:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	3,113,355	2,506,729	606,626	211,500	3,017	1.00
2.00	13.00	NURSING ADMINISTRATION	540	540	0	0	0	2.00
3.00	50.00	OPERATING ROOM	4,451	4,451	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	127,655	127,655	0	0	0	4.00
5.00	76.03	SLEEP LAB	18,000	18,000	0	0	0	5.00
6.00	76.04	VASCULAR LAB	8,131	8,131	0	0	0	6.00
7.00	90.00	CLINIC	467,045	467,045	0	0	0	7.00
8.00	91.00	EMERGENCY	424,902	424,902	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,164,079	3,557,453	606,626		3,017	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	OTHER ADMINISTRATIVE & GENERAL	306,777	15,339	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	4.00
5.00	76.03	SLEEP LAB	0	0	0	0	0	5.00
6.00	76.04	VASCULAR LAB	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			306,777	15,339	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	OTHER ADMINISTRATIVE & GENERAL	0	306,777	299,849	2,806,578		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	540		2.00
3.00	50.00	OPERATING ROOM	0	0	0	4,451		3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	127,655		4.00
5.00	76.03	SLEEP LAB	0	0	0	18,000		5.00
6.00	76.04	VASCULAR LAB	0	0	0	8,131		6.00
7.00	90.00	CLINIC	0	0	0	467,045		7.00
8.00	91.00	EMERGENCY	0	0	0	424,902		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	306,777	299,849	3,857,302		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	12,198,421	12,198,421			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	9,443,651	9,443,651			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,523,025	0	7,523,025		4.00
5.01	00540	NONPATIENT TELEPHONES	205,274	4,365	84,241	27,398	321,278 5.01
5.02	00550	DATA PROCESSING	13,745,428	131,916	1,512,833	63,708	16,489 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	704	8,313	0	0	0 5.03
5.04	00570	ADMITTING	1,366,663	29,024	9,022	135,564	2,498 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,351,014	0	0	117,068	500 5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	23,652,723	2,315,583	156,847	947,209	51,960 5.06
6.00	00600	MAINTENANCE & REPAIRS	1,446,468	22,296	33,233	37,076	1,999 6.00
7.00	00700	OPERATION OF PLANT	3,678,677	1,029,613	790,413	174,270	6,246 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	767,804	131,332	2,797	0	0 8.00
9.00	00900	HOUSEKEEPING	1,846,720	67,473	42,915	137,500	500 9.00
10.00	01000	DIETARY	745,648	380,263	4,595	57,853	4,997 10.00
11.00	01100	CAFETERIA	1,013,281	0	0	68,755	0 11.00
13.00	01300	NURSING ADMINISTRATION	1,215,850	20,795	66,536	151,579	5,996 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	553,840	83,097	115,000	71,357	0 14.00
15.00	01500	PHARMACY	2,030,826	48,763	12,860	240,054	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,635,582	43,898	0	108,689	250 16.00
17.00	01700	SOCIAL SERVICE	2,297,146	30,581	25,693	151,791	13,241 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,557,241	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	315,913	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM	419,495	0	0	53,433	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,560,583	1,991,169	365,255	1,435,079	46,218 30.00
31.00	03100	INTENSIVE CARE UNIT	4,248,280	313,763	290,257	527,072	8,494 31.00
41.00	04100	SUBPROVIDER - IRF	1,290,642	398,112	230,434	167,235	8,494 41.00
43.00	04300	NURSERY	1,506,404	27,245	0	61,505	1,249 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,078,159	1,236,203	1,937,102	563,150	38,973 50.00
51.00	05100	RECOVERY ROOM	580,576	84,182	86,980	77,497	500 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,107,406	0	0	149,004	4,247 52.00
53.00	05300	ANESTHESIOLOGY	126,356	14,790	119,665	9,790	2,248 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,382,072	307,007	1,239,758	294,241	15,489 54.00
56.00	05600	RADIOISOTOPE	345,878	58,910	126,973	44,163	1,249 56.00
57.00	05700	CT SCAN	521,020	49,986	244,532	67,277	500 57.00
59.00	05900	CARDIAC CATHETERIZATION	2,074,534	341,258	775,348	235,957	4,497 59.00
60.00	06000	LABORATORY	3,393,212	137,671	340,102	321,299	12,991 60.00
64.00	06400	INTRAVENOUS THERAPY	341,987	0	1,842	18,845	0 64.00
65.00	06500	RESPIRATORY THERAPY	1,100,638	81,318	74,241	146,110	1,749 65.00
66.00	06600	PHYSICAL THERAPY	3,249,204	196,804	53,879	77,501	12,242 66.00
67.00	06700	OCCUPATIONAL THERAPY	380,532	0	749	0	250 67.00
68.00	06800	SPEECH PATHOLOGY	276,177	6,311	9,414	15	250 68.00
69.00	06900	ELECTROCARDIOLOGY	756,635	118,182	121,557	96,787	1,999 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,052,077	80,540	0	0	3,498 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,629,321	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,828,954	54,713	0	0	5,246 73.00
74.00	07400	RENAL DIALYSIS	520,960	10,564	123	0	999 74.00
76.00	03952	PAIN MANAGEMENT	426,055	30,220	22,319	56,667	2,498 76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0 76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0 76.02
76.03	03950	SLEEP LAB	311,783	32,638	38,626	36,507	500 76.03
76.04	03650	VASCULAR LAB	238,506	26,606	249,717	31,826	1,999 76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	22,920,925	191,160	38,321	26,175	5,996 90.00
91.00	09100	EMERGENCY	3,672,662	523,967	177,791	430,174	24,733 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
93.00	04950	OTHER OP	994,626	0	741	88,254	4,497 93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	190,927,558	10,660,631	9,402,711	7,505,434	316,281 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	37,960	21,435	2,610	1,078	500 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	940,084	1,516,355	38,330	25	4,497 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19301	WELLNESS/SENIOR VIP	177,969	0	0	16,488	0 193.01
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	192,083,571	12,198,421	9,443,651	7,523,025	321,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	15,470,374					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	9,017				5.03
5.04	00570	ADMITTING	0	249	1,543,020			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,468,582		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	15,470,374	1,013	0	0	42,595,709	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	500	0	0	1,541,572	6.00
7.00	00700	OPERATION OF PLANT	0	554	0	0	5,679,773	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	901,933	8.00
9.00	00900	HOUSEKEEPING	0	226	0	0	2,095,334	9.00
10.00	01000	DIETARY	0	4	0	0	1,193,360	10.00
11.00	01100	CAFETERIA	0	7	0	0	1,082,043	11.00
13.00	01300	NURSING ADMINISTRATION	0	101	0	0	1,460,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	260	0	0	823,554	14.00
15.00	01500	PHARMACY	0	388	0	0	2,332,891	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26	0	0	1,788,445	16.00
17.00	01700	SOCIAL SERVICE	0	19	0	0	2,518,471	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,557,241	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	315,913	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	472,928	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	323	112,629	253,221	16,764,477	30.00
31.00	03100	INTENSIVE CARE UNIT	0	196	31,492	70,803	5,490,357	31.00
41.00	04100	SUBPROVIDER - IRF	0	37	12,875	28,945	2,136,774	41.00
43.00	04300	NURSERY	0	0	4,321	9,715	1,610,439	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,612	128,232	288,299	10,272,730	50.00
51.00	05100	RECOVERY ROOM	0	21	14,349	32,261	876,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	11,622	26,130	1,298,409	52.00
53.00	05300	ANESTHESIOLOGY	0	6	40,405	90,841	404,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	263	113,584	255,366	4,607,780	54.00
56.00	05600	RADIOISOTOPE	0	4	27,340	61,468	665,985	56.00
57.00	05700	CT SCAN	0	26	135,138	303,827	1,322,306	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	123,122	276,812	3,831,528	59.00
60.00	06000	LABORATORY	0	463	185,440	416,374	4,807,552	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6	3,717	8,357	374,754	64.00
65.00	06500	RESPIRATORY THERAPY	0	59	41,844	94,077	1,540,036	65.00
66.00	06600	PHYSICAL THERAPY	0	110	45,185	101,589	3,736,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1	8,211	18,461	408,204	67.00
68.00	06800	SPEECH PATHOLOGY	0	1	5,050	11,354	308,572	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104	69,670	156,636	1,321,570	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	44,568	100,200	13,280,883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	50,125	112,694	7,792,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	108,528	244,001	8,241,442	73.00
74.00	07400	RENAL DIALYSIS	0	1	6,331	14,234	553,212	74.00
76.00	03952	PAIN MANAGEMENT	0	32	25,978	58,406	622,175	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	26	7,363	16,554	443,997	76.03
76.04	03650	VASCULAR LAB	0	15	12,407	27,894	588,970	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	74	19,522	43,891	23,246,064	90.00
91.00	09100	EMERGENCY	0	152	129,327	290,763	5,249,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	161	24,645	55,409	1,168,333	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,470,374	8,040	1,543,020	3,468,582	189,325,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	574	0	0	64,157	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	399	0	0	2,499,690	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	4	0	0	194,461	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,470,374	9,017	1,543,020	3,468,582	192,083,571	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	42,595,709					5.06
6.00	00600	MAINTENANCE & REPAIRS	439,262	1,980,834				6.00
7.00	00700	OPERATION OF PLANT	1,618,417	210,541	7,508,731			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	257,000	26,856	113,908	1,299,697		8.00
9.00	00900	HOUSEKEEPING	597,053	13,797	58,521	20,404	2,785,109	9.00
10.00	01000	DIETARY	340,041	77,758	329,813	3,312	50,530	10.00
11.00	01100	CAFETERIA	308,322	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	416,262	4,252	18,036	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	234,667	16,992	72,073	0	0	14.00
15.00	01500	PHARMACY	664,743	9,971	42,294	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	509,607	8,976	38,074	0	0	16.00
17.00	01700	SOCIAL SERVICE	717,623	6,253	26,524	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	443,726	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	90,018	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	134,758	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,776,937	407,170	1,726,996	510,766	968,995	30.00
31.00	03100	INTENSIVE CARE UNIT	1,564,444	64,160	272,135	99,687	181,314	31.00
41.00	04100	SUBPROVIDER - IRF	608,861	81,408	345,293	81,530	184,287	41.00
43.00	04300	NURSERY	458,885	5,571	23,630	7,362	17,834	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,927,153	252,785	1,072,194	121,109	633,114	50.00
51.00	05100	RECOVERY ROOM	249,715	17,214	73,013	8,985	50,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	369,974	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	115,146	3,024	12,828	245	2,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,312,959	62,778	266,276	47,752	118,895	54.00
56.00	05600	RADIOISOTOPE	189,768	12,046	51,095	5,351	23,779	56.00
57.00	05700	CT SCAN	376,783	10,221	43,355	16,024	17,834	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,091,771	69,782	295,983	67,457	101,061	59.00
60.00	06000	LABORATORY	1,369,883	28,152	119,406	29	11,889	60.00
64.00	06400	INTRAVENOUS THERAPY	106,784	0	0	0	17,834	64.00
65.00	06500	RESPIRATORY THERAPY	438,824	16,628	70,530	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,064,697	40,243	170,694	57,253	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	116,315	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	87,926	1,290	5,474	806	50,530	68.00
69.00	06900	ELECTROCARDIOLOGY	376,573	24,167	102,503	25,300	26,751	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,784,308	16,469	69,854	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,220,324	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,348,349	11,188	47,454	0	26,751	73.00
74.00	07400	RENAL DIALYSIS	157,634	2,160	9,163	1,965	0	74.00
76.00	03952	PAIN MANAGEMENT	177,285	6,180	26,210	13,414	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	126,514	6,674	28,308	2,483	0	76.03
76.04	03650	VASCULAR LAB	167,823	5,440	23,076	2,210	11,889	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,623,870	39,089	165,799	18,433	0	90.00
91.00	09100	EMERGENCY	1,495,833	107,144	454,451	187,820	279,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	332,909	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,809,746	1,666,379	6,174,963	1,299,697	2,776,192	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,281	4,383	18,591	0	8,917	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	712,272	310,072	1,315,177	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	55,410	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	42,595,709	1,980,834	7,508,731	1,299,697	2,785,109	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,994,814					10.00
11.00	01100	CAFETERIA	0	1,390,365				11.00
13.00	01300	NURSING ADMINISTRATION	0	31,439	1,930,846			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,686	0	1,177,972		14.00
15.00	01500	PHARMACY	0	51,502	0	0	3,101,401	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	151	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	32,579	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	9,677	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,503,419	369,202	866,429	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	181,955	108,896	255,558	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	277,603	41,696	97,870	0	0	41.00
43.00	04300	NURSERY	0	12,472	29,260	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	123,992	290,986	0	0	50.00
51.00	05100	RECOVERY ROOM	0	15,526	36,435	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,280	36,965	86,745	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,344	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,716	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	7,698	0	0	0	56.00
57.00	05700	CT SCAN	0	15,784	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	45,696	0	0	0	59.00
60.00	06000	LABORATORY	0	92,446	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,914	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	41,245	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	21,440	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	21,397	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	743,421	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	434,551	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,101,401	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	13,806	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	9,333	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	5,828	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,451	0	0	0	90.00
91.00	09100	EMERGENCY	10,557	114,014	267,563	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	19,741	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,994,814	1,363,636	1,930,846	1,177,972	3,101,401	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	559	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,848	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	2,322	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,994,814	1,390,365	1,930,846	1,177,972	3,101,401	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,345,253					16.00
17.00	01700	SOCIAL SERVICE	0	3,301,450				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,000,967			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	405,931		22.00
23.00	02300	PARAMED ED PRGM	0	0			617,363	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	779,339	2,638,749	1,339,400	271,720	0	30.00
31.00	03100	INTENSIVE CARE UNIT	153,301	463,770	307,737	62,430	0	31.00
41.00	04100	SUBPROVIDER - IRF	132,768	159,145	0	0	0	41.00
43.00	04300	NURSERY	14,000	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	125,534	0	103,031	20,902	0	50.00
51.00	05100	RECOVERY ROOM	14,700	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,200	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,667	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,135	0	51,515	10,451	0	54.00
56.00	05600	RADIOISOTOPE	33,367	0	0	0	0	56.00
57.00	05700	CT SCAN	153,068	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	140,468	0	0	0	0	59.00
60.00	06000	LABORATORY	142,335	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,733	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,467	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	47,134	0	21,691	4,400	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,867	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,867	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	63,001	0	5,423	1,100	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,667	0	0	0	617,363	73.00
74.00	07400	RENAL DIALYSIS	933	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	53,667	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	10,267	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	11,433	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,400	0	42,026	8,526	0	90.00
91.00	09100	EMERGENCY	146,301	39,786	130,144	26,402	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	36,634	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,345,253	3,301,450	2,000,967	405,931	617,363	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,345,253	3,301,450	2,000,967	405,931	617,363	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,923,599	-1,611,120	31,312,479	30.00
31.00	03100	INTENSIVE CARE UNIT	9,205,744	-370,167	8,835,577	31.00
41.00	04100	SUBPROVIDER - IRF	4,147,235	0	4,147,235	41.00
43.00	04300	NURSERY	2,179,453	0	2,179,453	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,943,530	-123,933	15,819,597	50.00
51.00	05100	RECOVERY ROOM	1,342,484	0	1,342,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,817,573	0	1,817,573	52.00
53.00	05300	ANESTHESIOLOGY	575,327	0	575,327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,697,257	-61,966	6,635,291	54.00
56.00	05600	RADIOISOTOPE	989,089	0	989,089	56.00
57.00	05700	CT SCAN	1,955,375	0	1,955,375	57.00
59.00	05900	CARDIAC CATHETERIZATION	5,643,746	0	5,643,746	59.00
60.00	06000	LABORATORY	6,571,692	0	6,571,692	60.00
64.00	06400	INTRAVENOUS THERAPY	507,019	0	507,019	64.00
65.00	06500	RESPIRATORY THERAPY	2,114,730	0	2,114,730	65.00
66.00	06600	PHYSICAL THERAPY	5,164,066	-26,091	5,137,975	66.00
67.00	06700	OCCUPATIONAL THERAPY	526,386	0	526,386	67.00
68.00	06800	SPEECH PATHOLOGY	456,465	0	456,465	68.00
69.00	06900	ELECTROCARDIOLOGY	1,967,785	-6,523	1,961,262	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,894,935	0	17,894,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,447,015	0	10,447,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,454,615	0	14,454,615	73.00
74.00	07400	RENAL DIALYSIS	725,067	0	725,067	74.00
76.00	03952	PAIN MANAGEMENT	912,737	0	912,737	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	627,576	0	627,576	76.03
76.04	03650	VASCULAR LAB	816,669	0	816,669	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30,181,658	-50,552	30,131,106	90.00
91.00	09100	EMERGENCY	8,508,987	-156,546	8,352,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04950	OTHER OP	1,557,617	0	1,557,617	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	186,855,431	-2,406,898	184,448,533	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114,888	0	114,888	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,861,059	0	4,861,059	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	252,193	0	252,193	193.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	192,083,571	-2,406,898	189,676,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT				NEW MVBLE EQUIP
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	4,365	84,241	88,606	0	5.01
5.02	00550	DATA PROCESSING	0	131,916	1,512,833	1,644,749	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	8,313	0	8,313	0	5.03
5.04	00570	ADMITTING	0	29,024	9,022	38,046	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	2,315,583	156,847	2,472,430	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	22,296	33,233	55,529	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,029,613	790,413	1,820,026	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	131,332	2,797	134,129	0	8.00
9.00	00900	HOUSEKEEPING	0	67,473	42,915	110,388	0	9.00
10.00	01000	DIETARY	0	380,263	4,595	384,858	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	20,795	66,536	87,331	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	83,097	115,000	198,097	0	14.00
15.00	01500	PHARMACY	0	48,763	12,860	61,623	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	43,898	0	43,898	0	16.00
17.00	01700	SOCIAL SERVICE	0	30,581	25,693	56,274	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,991,169	365,255	2,356,424	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	313,763	290,257	604,020	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	398,112	230,434	628,546	0	41.00
43.00	04300	NURSERY	0	27,245	0	27,245	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,236,203	1,937,102	3,173,305	0	50.00
51.00	05100	RECOVERY ROOM	0	84,182	86,980	171,162	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,790	119,665	134,455	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	307,007	1,239,758	1,546,765	0	54.00
56.00	05600	RADIOISOTOPE	0	58,910	126,973	185,883	0	56.00
57.00	05700	CT SCAN	0	49,986	244,532	294,518	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	341,258	775,348	1,116,606	0	59.00
60.00	06000	LABORATORY	0	137,671	340,102	477,773	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,842	1,842	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	81,318	74,241	155,559	0	65.00
66.00	06600	PHYSICAL THERAPY	0	196,804	53,879	250,683	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	749	749	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,311	9,414	15,725	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	118,182	121,557	239,739	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,540	0	80,540	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,713	0	54,713	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,564	123	10,687	0	74.00
76.00	03952	PAIN MANAGEMENT	0	30,220	22,319	52,539	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	32,638	38,626	71,264	0	76.03
76.04	03650	VASCULAR LAB	0	26,606	249,717	276,323	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	191,160	38,321	229,481	0	90.00
91.00	09100	EMERGENCY	0	523,967	177,791	701,758	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04950	OTHER OP	0	0	741	741	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,660,631	9,402,711	20,063,342	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,435	2,610	24,045	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,516,355	38,330	1,554,685	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118 through 201)	0	12,198,421	9,443,651	21,642,072	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	88,606					5.01
5.02	00550	DATA PROCESSING	4,547	1,649,296				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	8,313			5.03
5.04	00570	ADMITTING	689	0	230	38,965		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	138	0	0	0	138	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	14,328	1,649,296	933	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	551	0	461	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,723	0	511	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	138	0	208	0	0	9.00
10.00	01000	DIETARY	1,378	0	4	0	0	10.00
11.00	01100	CAFETERIA	0	0	6	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,654	0	93	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	240	0	0	14.00
15.00	01500	PHARMACY	0	0	358	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69	0	24	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,652	0	17	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,747	0	298	2,830	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,343	0	180	791	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,343	0	34	324	0	41.00
43.00	04300	NURSERY	345	0	0	109	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,748	0	2,409	3,222	0	50.00
51.00	05100	RECOVERY ROOM	138	0	20	361	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,171	0	0	292	0	52.00
53.00	05300	ANESTHESIOLOGY	620	0	6	1,015	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,272	0	242	2,854	0	54.00
56.00	05600	RADIOISOTOPE	345	0	3	687	0	56.00
57.00	05700	CT SCAN	138	0	24	3,396	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,240	0	0	3,094	0	59.00
60.00	06000	LABORATORY	3,583	0	427	4,849	138	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6	93	0	64.00
65.00	06500	RESPIRATORY THERAPY	482	0	54	1,052	0	65.00
66.00	06600	PHYSICAL THERAPY	3,376	0	101	1,136	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69	0	1	206	0	67.00
68.00	06800	SPEECH PATHOLOGY	69	0	1	127	0	68.00
69.00	06900	ELECTROCARDIOLOGY	551	0	96	1,751	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	965	0	0	1,120	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,260	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,447	0	0	2,727	0	73.00
74.00	07400	RENAL DIALYSIS	276	0	1	159	0	74.00
76.00	03952	PAIN MANAGEMENT	689	0	29	653	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	138	0	24	185	0	76.03
76.04	03650	VASCULAR LAB	551	0	14	312	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,654	0	69	491	0	90.00
91.00	09100	EMERGENCY	6,821	0	140	3,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	1,240	0	148	619	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,228	1,649,296	7,412	38,965	138	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	138	0	530	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,240	0	368	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	3	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	88,606	1,649,296	8,313	38,965	138	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,136,987					5.06
6.00	00600	MAINTENANCE & REPAIRS	42,661	99,202				6.00
7.00	00700	OPERATION OF PLANT	157,182	10,544	1,989,986			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,960	1,345	30,188	190,622		8.00
9.00	00900	HOUSEKEEPING	57,986	691	15,510	2,993	187,914	9.00
10.00	01000	DIETARY	33,025	3,894	87,408	486	3,409	10.00
11.00	01100	CAFETERIA	29,944	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	40,428	213	4,780	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,791	851	19,101	0	0	14.00
15.00	01500	PHARMACY	64,560	499	11,209	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,493	450	10,090	0	0	16.00
17.00	01700	SOCIAL SERVICE	69,696	313	7,029	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	43,095	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,743	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	13,088	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	463,940	20,392	457,695	74,910	65,380	30.00
31.00	03100	INTENSIVE CARE UNIT	151,940	3,213	72,122	14,621	12,233	31.00
41.00	04100	SUBPROVIDER - IRF	59,133	4,077	91,511	11,958	12,434	41.00
43.00	04300	NURSERY	44,567	279	6,263	1,080	1,203	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	284,288	12,660	284,156	17,763	42,717	50.00
51.00	05100	RECOVERY ROOM	24,253	862	19,350	1,318	3,409	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,932	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,183	151	3,400	36	201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,516	3,144	70,569	7,004	8,022	54.00
56.00	05600	RADIOISOTOPE	18,430	603	13,541	785	1,604	56.00
57.00	05700	CT SCAN	36,593	512	11,490	2,350	1,203	57.00
59.00	05900	CARDIAC CATHETERIZATION	106,034	3,495	78,442	9,894	6,819	59.00
60.00	06000	LABORATORY	133,044	1,410	31,645	4	802	60.00
64.00	06400	INTRAVENOUS THERAPY	10,371	0	0	0	1,203	64.00
65.00	06500	RESPIRATORY THERAPY	42,619	833	18,692	0	0	65.00
66.00	06600	PHYSICAL THERAPY	103,404	2,015	45,238	8,397	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,297	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,539	65	1,451	118	3,409	68.00
69.00	06900	ELECTROCARDIOLOGY	36,573	1,210	27,166	3,711	1,805	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	367,535	825	18,513	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	215,640	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,074	560	12,576	0	1,805	73.00
74.00	07400	RENAL DIALYSIS	15,310	108	2,428	288	0	74.00
76.00	03952	PAIN MANAGEMENT	17,218	309	6,946	1,967	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	12,287	334	7,502	364	0	76.03
76.04	03650	VASCULAR LAB	16,299	272	6,116	324	802	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	643,374	1,958	43,940	2,704	0	90.00
91.00	09100	EMERGENCY	145,277	5,366	120,440	27,547	18,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	32,332	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,060,654	83,453	1,636,507	190,622	187,312	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,775	220	4,927	0	602	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,176	15,529	348,552	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	5,382	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,136,987	99,202	1,989,986	190,622	187,914	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	514,462					10.00
11.00	01100	CAFETERIA	0	29,950				11.00
13.00	01300	NURSING ADMINISTRATION	0	677	135,176			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	661	0	241,741		14.00
15.00	01500	PHARMACY	0	1,109	0	0	139,358	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	702	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	208	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	387,731	7,955	60,657	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	46,926	2,346	17,891	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	71,594	898	6,852	0	0	41.00
43.00	04300	NURSERY	0	269	2,048	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,671	20,372	0	0	50.00
51.00	05100	RECOVERY ROOM	0	334	2,551	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,488	796	6,073	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	94	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,588	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	166	0	0	0	56.00
57.00	05700	CT SCAN	0	340	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	984	0	0	0	59.00
60.00	06000	LABORATORY	0	1,991	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	84	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	888	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	462	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	461	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	152,562	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	89,179	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	139,358	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	297	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	201	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	126	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	182	0	0	0	90.00
91.00	09100	EMERGENCY	2,723	2,456	18,732	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	0	425	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	514,462	29,374	135,176	241,741	139,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	514	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	50	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	514,462	29,950	135,176	241,741	139,358	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104,027					16.00
17.00	01700	SOCIAL SERVICE	0	137,683				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	43,095			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		8,743		22.00
23.00	02300	PARAMED ED PRGM	0	0			13,296	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,570	110,046				30.00
31.00	03100	INTENSIVE CARE UNIT	6,800	19,341				31.00
41.00	04100	SUBPROVIDER - IRF	5,889	6,637				41.00
43.00	04300	NURSERY	621	0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,568	0				50.00
51.00	05100	RECOVERY ROOM	652	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	186	0				52.00
53.00	05300	ANESTHESIOLOGY	1,449	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,438	0				54.00
56.00	05600	RADIOISOTOPE	1,480	0				56.00
57.00	05700	CT SCAN	6,790	0				57.00
59.00	05900	CARDIAC CATHETERIZATION	6,231	0				59.00
60.00	06000	LABORATORY	6,313	0				60.00
64.00	06400	INTRAVENOUS THERAPY	166	0				64.00
65.00	06500	RESPIRATORY THERAPY	331	0				65.00
66.00	06600	PHYSICAL THERAPY	2,091	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	83	0				67.00
68.00	06800	SPEECH PATHOLOGY	83	0				68.00
69.00	06900	ELECTROCARDIOLOGY	2,794	0				69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,691	0				73.00
74.00	07400	RENAL DIALYSIS	41	0				74.00
76.00	03952	PAIN MANAGEMENT	2,380	0				76.00
76.01	03951	OP CARDIO VASCULAR	0	0				76.01
76.02	03953	ANCILLARY PSYCH	0	0				76.02
76.03	03950	SLEEP LAB	455	0				76.03
76.04	03650	VASCULAR LAB	507	0				76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,304	0				90.00
91.00	09100	EMERGENCY	6,489	1,659				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	1,625	0				93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,027	137,683	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0				193.01
200.00		Cross Foot Adjustments			43,095	8,743	13,296	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	104,027	137,683	43,095	8,743	13,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,055,575	0	4,055,575	30.00
31.00	03100	INTENSIVE CARE UNIT	954,767	0	954,767	31.00
41.00	04100	SUBPROVIDER - IRF	902,230	0	902,230	41.00
43.00	04300	NURSERY	84,029	0	84,029	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,859,879	0	3,859,879	50.00
51.00	05100	RECOVERY ROOM	224,410	0	224,410	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,938	0	49,938	52.00
53.00	05300	ANESTHESIOLOGY	152,610	0	152,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,778,414	0	1,778,414	54.00
56.00	05600	RADIOISOTOPE	223,527	0	223,527	56.00
57.00	05700	CT SCAN	357,354	0	357,354	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,332,839	0	1,332,839	59.00
60.00	06000	LABORATORY	661,979	0	661,979	60.00
64.00	06400	INTRAVENOUS THERAPY	13,765	0	13,765	64.00
65.00	06500	RESPIRATORY THERAPY	220,510	0	220,510	65.00
66.00	06600	PHYSICAL THERAPY	416,903	0	416,903	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,405	0	12,405	67.00
68.00	06800	SPEECH PATHOLOGY	29,587	0	29,587	68.00
69.00	06900	ELECTROCARDIOLOGY	315,857	0	315,857	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	622,060	0	622,060	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	306,079	0	306,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	443,951	0	443,951	73.00
74.00	07400	RENAL DIALYSIS	29,298	0	29,298	74.00
76.00	03952	PAIN MANAGEMENT	83,027	0	83,027	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	92,754	0	92,754	76.03
76.04	03650	VASCULAR LAB	301,646	0	301,646	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	925,157	0	925,157	90.00
91.00	09100	EMERGENCY	1,061,510	0	1,061,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950	OTHER OP	37,130	0	37,130	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,549,190	0	19,549,190	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,249	0	32,249	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,990,064	0	1,990,064	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	5,435	0	5,435	193.01
200.00		Cross Foot Adjustments	65,134	0	65,134	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,642,072	0	21,642,072	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	438,775				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		8,654,484			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	55,862,457		4.00
5.01	00540	NONPATIENT TELEPHONES	157	77,201	203,447	1,286	5.01
5.02	00550	DATA PROCESSING	4,745	1,386,412	473,068	66	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	299	0	0	0	5.03
5.04	00570	ADMITTING	1,044	8,268	1,006,636	10	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	869,299	2	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	83,291	143,740	7,033,553	208	5.06
6.00	00600	MAINTENANCE & REPAIRS	802	30,456	275,310	8	6.00
7.00	00700	OPERATION OF PLANT	37,035	724,361	1,294,054	25	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,724	2,563	0	0	8.00
9.00	00900	HOUSEKEEPING	2,427	39,329	1,021,013	2	9.00
10.00	01000	DIETARY	13,678	4,211	429,593	20	10.00
11.00	01100	CAFETERIA	0	0	510,545	0	11.00
13.00	01300	NURSING ADMINISTRATION	748	60,976	1,125,558	24	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,989	105,390	529,869	0	14.00
15.00	01500	PHARMACY	1,754	11,785	1,782,536	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,579	0	807,074	1	16.00
17.00	01700	SOCIAL SERVICE	1,100	23,546	1,127,134	53	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	396,772	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,622	334,732	10,656,054	185	30.00
31.00	03100	INTENSIVE CARE UNIT	11,286	266,001	3,913,804	34	31.00
41.00	04100	SUBPROVIDER - IRF	14,320	211,178	1,241,816	34	41.00
43.00	04300	NURSERY	980	0	456,712	5	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,466	1,775,229	4,181,700	156	50.00
51.00	05100	RECOVERY ROOM	3,028	79,711	575,458	2	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,106,436	17	52.00
53.00	05300	ANESTHESIOLOGY	532	109,665	72,693	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,043	1,136,156	2,184,905	62	54.00
56.00	05600	RADIOISOTOPE	2,119	116,362	327,935	5	56.00
57.00	05700	CT SCAN	1,798	224,097	499,567	2	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,275	710,555	1,752,109	18	59.00
60.00	06000	LABORATORY	4,952	311,681	2,385,825	52	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,688	139,932	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,925	68,037	1,084,947	7	65.00
66.00	06600	PHYSICAL THERAPY	7,079	49,377	575,488	49	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	686	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	227	8,627	114	1	68.00
69.00	06900	ELECTROCARDIOLOGY	4,251	111,399	718,694	8	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,897	0	0	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,968	0	0	21	73.00
74.00	07400	RENAL DIALYSIS	380	113	0	4	74.00
76.00	03952	PAIN MANAGEMENT	1,087	20,454	420,782	10	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	1,174	35,398	271,087	2	76.03
76.04	03650	VASCULAR LAB	957	228,849	236,327	8	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,876	35,119	194,366	24	90.00
91.00	09100	EMERGENCY	18,847	162,934	3,194,281	99	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	0	679	655,332	18	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	383,461	8,616,965	55,731,825	1,266	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	771	2,392	8,007	2	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,543	35,127	189	18	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	122,436	0	193.01
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,198,421	9,443,651	7,523,025	321,278	15,470,374	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.801085	1.091186	0.134670	249.827372	15,470.374000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	88,606	1,649,296	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	68.900467	1,649.296000	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	425,570					5.03
5.04	00570	ADMITTING	11,758	668,445,768				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	668,445,768			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	47,787	0	0	-42,595,709	149,487,862	5.06
6.00	00600	MAINTENANCE & REPAIRS	23,589	0	0	0	1,541,572	6.00
7.00	00700	OPERATION OF PLANT	26,168	0	0	0	5,679,773	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	901,933	8.00
9.00	00900	HOUSEKEEPING	10,654	0	0	0	2,095,334	9.00
10.00	01000	DIETARY	194	0	0	0	1,193,360	10.00
11.00	01100	CAFETERIA	307	0	0	0	1,082,043	11.00
13.00	01300	NURSING ADMINISTRATION	4,776	0	0	0	1,460,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,263	0	0	0	823,554	14.00
15.00	01500	PHARMACY	18,309	0	0	0	2,332,891	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,204	0	0	0	1,788,445	16.00
17.00	01700	SOCIAL SERVICE	882	0	0	0	2,518,471	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,557,241	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	315,913	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	472,928	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,262	48,799,587	48,799,587	0	16,764,477	30.00
31.00	03100	INTENSIVE CARE UNIT	9,236	13,644,777	13,644,777	0	5,490,357	31.00
41.00	04100	SUBPROVIDER - IRF	1,764	5,578,214	5,578,214	0	2,136,774	41.00
43.00	04300	NURSERY	7	1,872,151	1,872,151	0	1,610,439	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	123,336	55,559,609	55,559,609	0	10,272,730	50.00
51.00	05100	RECOVERY ROOM	1,009	6,217,232	6,217,232	0	876,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	5,035,659	5,035,659	0	1,298,409	52.00
53.00	05300	ANESTHESIOLOGY	288	17,506,482	17,506,482	0	404,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,395	49,212,984	49,212,984	0	4,607,780	54.00
56.00	05600	RADIOISOTOPE	168	11,845,843	11,845,843	0	665,985	56.00
57.00	05700	CT SCAN	1,222	58,552,117	58,552,117	0	1,322,306	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,345,968	53,345,968	0	3,831,528	59.00
60.00	06000	LABORATORY	21,854	80,238,601	80,238,601	0	4,807,552	60.00
64.00	06400	INTRAVENOUS THERAPY	302	1,610,521	1,610,521	0	374,754	64.00
65.00	06500	RESPIRATORY THERAPY	2,761	18,130,053	18,130,053	0	1,540,036	65.00
66.00	06600	PHYSICAL THERAPY	5,186	19,577,733	19,577,733	0	3,736,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	67	3,557,748	3,557,748	0	408,204	67.00
68.00	06800	SPEECH PATHOLOGY	47	2,188,014	2,188,014	0	308,572	68.00
69.00	06900	ELECTROCARDIOLOGY	4,895	30,186,155	30,186,155	0	1,321,570	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,310,116	19,310,116	0	13,280,883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,717,939	21,717,939	0	7,792,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,022,677	47,022,677	0	8,241,442	73.00
74.00	07400	RENAL DIALYSIS	42	2,743,070	2,743,070	0	553,212	74.00
76.00	03952	PAIN MANAGEMENT	1,496	11,255,666	11,255,666	0	622,175	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	1,243	3,190,199	3,190,199	0	443,997	76.03
76.04	03650	VASCULAR LAB	704	5,375,646	5,375,646	0	588,970	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,510	8,458,413	8,458,413	0	23,246,064	90.00
91.00	09100	EMERGENCY	7,185	56,034,424	56,034,424	0	5,249,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	7,586	10,678,170	10,678,170	0	1,168,333	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	379,458	668,445,768	668,445,768	-42,595,709	146,729,554	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,114	0	0	0	64,157	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,821	0	0	0	2,499,690	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	177	0	0	0	194,461	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	9,017	1,543,020	3,468,582		42,595,709	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.021188	0.002308	0.005189		0.284944	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,313	38,965	138		4,136,987	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.019534	0.000058	0.000000		0.027674	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	348,437					6.00
7.00	00700	OPERATION OF PLANT	37,035	311,402				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,724	4,724	1,002,568			8.00
9.00	00900	HOUSEKEEPING	2,427	2,427	15,739	937		9.00
10.00	01000	DIETARY	13,678	13,678	2,555	17	72,182	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	748	748	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,989	2,989	0	0	0	14.00
15.00	01500	PHARMACY	1,754	1,754	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,579	1,579	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,100	1,100	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,622	71,622	393,998	326	54,401	30.00
31.00	03100	INTENSIVE CARE UNIT	11,286	11,286	76,897	61	6,584	31.00
41.00	04100	SUBPROVIDER - IRF	14,320	14,320	62,891	62	10,045	41.00
43.00	04300	NURSERY	980	980	5,679	6	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,466	44,466	93,422	213	0	50.00
51.00	05100	RECOVERY ROOM	3,028	3,028	6,931	17	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	770	52.00
53.00	05300	ANESTHESIOLOGY	532	532	189	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,043	11,043	36,835	40	0	54.00
56.00	05600	RADIOISOTOPE	2,119	2,119	4,128	8	0	56.00
57.00	05700	CT SCAN	1,798	1,798	12,361	6	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,275	12,275	52,035	34	0	59.00
60.00	06000	LABORATORY	4,952	4,952	22	4	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,925	2,925	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,079	7,079	44,164	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	227	227	622	17	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,251	4,251	19,516	9	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,897	2,897	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,968	1,968	0	9	0	73.00
74.00	07400	RENAL DIALYSIS	380	380	1,516	0	0	74.00
76.00	03952	PAIN MANAGEMENT	1,087	1,087	10,347	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	1,174	1,174	1,915	0	0	76.03
76.04	03650	VASCULAR LAB	957	957	1,705	4	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,876	6,876	14,219	0	0	90.00
91.00	09100	EMERGENCY	18,847	18,847	144,882	94	382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	293,123	256,088	1,002,568	934	72,182	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	771	771	0	3	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,543	54,543	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,980,834	7,508,731	1,299,697	2,785,109	1,994,814	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	5.684913	24.112661	1.296368	2,972.368196	27.635893	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	99,202	1,989,986	190,622	187,914	514,462	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.284706	6.390409	0.190134	200.548559	7.127289	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	64,656					11.00
13.00	01300	NURSING ADMINISTRATION	1,462	795,818				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,427	0	20,681,398			14.00
15.00	01500	PHARMACY	2,395	0	0	1,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7	0	0	0	10,051	16.00
17.00	01700	SOCIAL SERVICE	1,515	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	450	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,169	357,107	0	0	3,340	30.00
31.00	03100	INTENSIVE CARE UNIT	5,064	105,331	0	0	657	31.00
41.00	04100	SUBPROVIDER - IRF	1,939	40,338	0	0	569	41.00
43.00	04300	NURSERY	580	12,060	0	0	60	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,766	119,933	0	0	538	50.00
51.00	05100	RECOVERY ROOM	722	15,017	0	0	63	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,719	35,753	0	0	18	52.00
53.00	05300	ANESTHESIOLOGY	202	0	0	0	140	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,428	0	0	0	622	54.00
56.00	05600	RADIOISOTOPE	358	0	0	0	143	56.00
57.00	05700	CT SCAN	734	0	0	0	656	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,125	0	0	0	602	59.00
60.00	06000	LABORATORY	4,299	0	0	0	610	60.00
64.00	06400	INTRAVENOUS THERAPY	182	0	0	0	16	64.00
65.00	06500	RESPIRATORY THERAPY	1,918	0	0	0	32	65.00
66.00	06600	PHYSICAL THERAPY	997	0	0	0	202	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	8	68.00
69.00	06900	ELECTROCARDIOLOGY	995	0	0	0	270	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,052,077	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	7,629,321	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	260	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4	74.00
76.00	03952	PAIN MANAGEMENT	642	0	0	0	230	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	434	0	0	0	44	76.03
76.04	03650	VASCULAR LAB	271	0	0	0	49	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	393	0	0	0	126	90.00
91.00	09100	EMERGENCY	5,302	110,279	0	0	627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	918	0	0	0	157	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,413	795,818	20,681,398	1,000	10,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,109	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	108	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,390,365	1,930,846	1,177,972	3,101,401	2,345,253	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.504037	2.426241	0.056958	3,101.401000	233.335290	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	29,950	135,176	241,741	139,358	104,027	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.463221	0.169858	0.011689	139.358000	10.349915	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (TIME SPENT)	
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
			17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	16,430				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,476			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,476		22.00
23.00	02300	PARAMED ED PRGM	0			1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,132	988	988	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,308	227	227	0	31.00
41.00	04100	SUBPROVIDER - IRF	792	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	76	76	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38	38	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16	16	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4	4	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	31	31	0	90.00
91.00	09100	EMERGENCY	198	96	96	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,430	1,476	1,476	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	193.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM. COSTS (ASSIGNED TIME)	PARAMED ED PRGM (TIME SPENT)		
				21.00	22.00	23.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	3,301,450	2,000,967	405,931	617,363		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	200.940353	1,355.668699	275.021003	617.363000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	137,683	43,095	8,743	13,296		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.379976	29.197154	5.923442	13.296000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 5:07 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,312,479		31,312,479	0	31,312,479	30.00
31.00	03100	INTENSIVE CARE UNIT	8,835,577		8,835,577	0	8,835,577	31.00
41.00	04100	SUBPROVIDER - IRF	4,147,235		4,147,235	0	4,147,235	41.00
43.00	04300	NURSERY	2,179,453		2,179,453	0	2,179,453	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,819,597		15,819,597	0	15,819,597	50.00
51.00	05100	RECOVERY ROOM	1,342,484		1,342,484	0	1,342,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,817,573		1,817,573	0	1,817,573	52.00
53.00	05300	ANESTHESIOLOGY	575,327		575,327	0	575,327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,635,291		6,635,291	0	6,635,291	54.00
56.00	05600	RADIOISOTOPE	989,089		989,089	0	989,089	56.00
57.00	05700	CT SCAN	1,955,375		1,955,375	0	1,955,375	57.00
59.00	05900	CARDIAC CATHETERIZATION	5,643,746		5,643,746	0	5,643,746	59.00
60.00	06000	LABORATORY	6,571,692		6,571,692	0	6,571,692	60.00
64.00	06400	INTRAVENOUS THERAPY	507,019		507,019	0	507,019	64.00
65.00	06500	RESPIRATORY THERAPY	2,114,730	0	2,114,730	0	2,114,730	65.00
66.00	06600	PHYSICAL THERAPY	5,137,975	0	5,137,975	0	5,137,975	66.00
67.00	06700	OCCUPATIONAL THERAPY	526,386	0	526,386	0	526,386	67.00
68.00	06800	SPEECH PATHOLOGY	456,465	0	456,465	0	456,465	68.00
69.00	06900	ELECTROCARDIOLOGY	1,961,262		1,961,262	0	1,961,262	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,894,935		17,894,935	0	17,894,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,447,015		10,447,015	0	10,447,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,454,615		14,454,615	0	14,454,615	73.00
74.00	07400	RENAL DIALYSIS	725,067		725,067	0	725,067	74.00
76.00	03952	PAIN MANAGEMENT	912,737		912,737	0	912,737	76.00
76.01	03951	OP CARDIO VASCULAR	0		0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0		0	0	0	76.02
76.03	03950	SLEEP LAB	627,576		627,576	0	627,576	76.03
76.04	03650	VASCULAR LAB	816,669		816,669	0	816,669	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,131,106		30,131,106	0	30,131,106	90.00
91.00	09100	EMERGENCY	8,352,441		8,352,441	0	8,352,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,013,278		3,013,278	0	3,013,278	92.00
93.00	04950	OTHER OP	1,557,617		1,557,617	0	1,557,617	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	187,461,811	0	187,461,811	0	187,461,811	200.00
201.00		Less Observation Beds	3,013,278		3,013,278	0	3,013,278	201.00
202.00		Total (see instructions)	184,448,533	0	184,448,533	0	184,448,533	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2017
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	42,608,847		42,608,847		30.00
31.00	03100	INTENSIVE CARE UNIT	13,644,777		13,644,777		31.00
41.00	04100	SUBPROVIDER - IRF	5,578,214		5,578,214		41.00
43.00	04300	NURSERY	1,872,151		1,872,151		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,707,958	28,851,651	55,559,609	0.284732	50.00
51.00	05100	RECOVERY ROOM	2,113,504	4,103,728	6,217,232	0.215930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,953,167	1,082,492	5,035,659	0.360940	52.00
53.00	05300	ANESTHESIOLOGY	8,393,005	9,113,477	17,506,482	0.032864	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,139,417	41,073,567	49,212,984	0.134828	54.00
56.00	05600	RADIOISOTOPE	2,301,755	9,544,088	11,845,843	0.083497	56.00
57.00	05700	CT SCAN	15,951,170	42,600,947	58,552,117	0.033395	57.00
59.00	05900	CARDIAC CATHETERIZATION	24,416,767	28,929,201	53,345,968	0.105795	59.00
60.00	06000	LABORATORY	39,753,686	40,484,915	80,238,601	0.081902	60.00
64.00	06400	INTRAVENOUS THERAPY	1,201,347	409,174	1,610,521	0.314817	64.00
65.00	06500	RESPIRATORY THERAPY	16,016,725	2,113,328	18,130,053	0.116642	65.00
66.00	06600	PHYSICAL THERAPY	6,280,603	13,297,130	19,577,733	0.262440	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,232,424	325,324	3,557,748	0.147955	67.00
68.00	06800	SPEECH PATHOLOGY	1,478,314	709,700	2,188,014	0.208621	68.00
69.00	06900	ELECTROCARDIOLOGY	12,335,932	17,850,223	30,186,155	0.064972	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,520,827	11,789,289	19,310,116	0.926713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,025,670	9,692,269	21,717,939	0.481032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,949,624	22,073,053	47,022,677	0.307397	73.00
74.00	07400	RENAL DIALYSIS	2,467,065	276,005	2,743,070	0.264327	74.00
76.00	03952	PAIN MANAGEMENT	0	11,255,666	11,255,666	0.081091	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	248,722	2,941,477	3,190,199	0.196720	76.03
76.04	03650	VASCULAR LAB	2,100,013	3,275,633	5,375,646	0.151920	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	93,547	8,364,866	8,458,413	3.562265	90.00
91.00	09100	EMERGENCY	14,024,438	42,009,986	56,034,424	0.149059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	907,082	5,283,658	6,190,740	0.486740	92.00
93.00	04950	OTHER OP	12,333	10,665,837	10,678,170	0.145869	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	300,329,084	368,116,684	668,445,768		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	300,329,084	368,116,684	668,445,768		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 5:07 pm
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		30.00		
31.00	03100	INTENSIVE CARE UNIT		31.00		
41.00	04100	SUBPROVIDER - IRF		41.00		
43.00	04300	NURSERY		43.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.284732	50.00		
51.00	05100	RECOVERY ROOM	0.215930	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360940	52.00		
53.00	05300	ANESTHESIOLOGY	0.032864	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134828	54.00		
56.00	05600	RADIOISOTOPE	0.083497	56.00		
57.00	05700	CT SCAN	0.033395	57.00		
59.00	05900	CARDIAC CATHETERIZATION	0.105795	59.00		
60.00	06000	LABORATORY	0.081902	60.00		
64.00	06400	INTRAVENOUS THERAPY	0.314817	64.00		
65.00	06500	RESPIRATORY THERAPY	0.116642	65.00		
66.00	06600	PHYSICAL THERAPY	0.262440	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.147955	67.00		
68.00	06800	SPEECH PATHOLOGY	0.208621	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.064972	69.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926713	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.481032	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307397	73.00		
74.00	07400	RENAL DIALYSIS	0.264327	74.00		
76.00	03952	PAIN MANAGEMENT	0.081091	76.00		
76.01	03951	OP CARDIO VASCULAR	0.000000	76.01		
76.02	03953	ANCILLARY PSYCH	0.000000	76.02		
76.03	03950	SLEEP LAB	0.196720	76.03		
76.04	03650	VASCULAR LAB	0.151920	76.04		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.562265	90.00		
91.00	09100	EMERGENCY	0.149059	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486740	92.00		
93.00	04950	OTHER OP	0.145869	93.00		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	95.00		
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: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 5:07 pm		
				Title XIX	Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	31,312,479		31,312,479	0	31,312,479	30.00
31.00	03100	INTENSIVE CARE UNIT	8,835,577		8,835,577	0	8,835,577	31.00
41.00	04100	SUBPROVIDER - IRF	4,147,235		4,147,235	0	4,147,235	41.00
43.00	04300	NURSERY	2,179,453		2,179,453	0	2,179,453	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,819,597		15,819,597	0	15,819,597	50.00
51.00	05100	RECOVERY ROOM	1,342,484		1,342,484	0	1,342,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,817,573		1,817,573	0	1,817,573	52.00
53.00	05300	ANESTHESIOLOGY	575,327		575,327	0	575,327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,635,291		6,635,291	0	6,635,291	54.00
56.00	05600	RADIOISOTOPE	989,089		989,089	0	989,089	56.00
57.00	05700	CT SCAN	1,955,375		1,955,375	0	1,955,375	57.00
59.00	05900	CARDIAC CATHETERIZATION	5,643,746		5,643,746	0	5,643,746	59.00
60.00	06000	LABORATORY	6,571,692		6,571,692	0	6,571,692	60.00
64.00	06400	INTRAVENOUS THERAPY	507,019		507,019	0	507,019	64.00
65.00	06500	RESPIRATORY THERAPY	2,114,730	0	2,114,730	0	2,114,730	65.00
66.00	06600	PHYSICAL THERAPY	5,137,975	0	5,137,975	0	5,137,975	66.00
67.00	06700	OCCUPATIONAL THERAPY	526,386	0	526,386	0	526,386	67.00
68.00	06800	SPEECH PATHOLOGY	456,465	0	456,465	0	456,465	68.00
69.00	06900	ELECTROCARDIOLOGY	1,961,262		1,961,262	0	1,961,262	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,894,935		17,894,935	0	17,894,935	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,447,015		10,447,015	0	10,447,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,454,615		14,454,615	0	14,454,615	73.00
74.00	07400	RENAL DIALYSIS	725,067		725,067	0	725,067	74.00
76.00	03952	PAIN MANAGEMENT	912,737		912,737	0	912,737	76.00
76.01	03951	OP CARDIO VASCULAR	0		0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0		0	0	0	76.02
76.03	03950	SLEEP LAB	627,576		627,576	0	627,576	76.03
76.04	03650	VASCULAR LAB	816,669		816,669	0	816,669	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,131,106		30,131,106	0	30,131,106	90.00
91.00	09100	EMERGENCY	8,352,441		8,352,441	0	8,352,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,013,278		3,013,278	0	3,013,278	92.00
93.00	04950	OTHER OP	1,557,617		1,557,617	0	1,557,617	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	187,461,811	0	187,461,811	0	187,461,811	200.00
201.00		Less Observation Beds	3,013,278		3,013,278	0	3,013,278	201.00
202.00		Total (see instructions)	184,448,533	0	184,448,533	0	184,448,533	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,608,847		42,608,847		30.00
31.00	03100	INTENSIVE CARE UNIT	13,644,777		13,644,777		31.00
41.00	04100	SUBPROVIDER - IRF	5,578,214		5,578,214		41.00
43.00	04300	NURSERY	1,872,151		1,872,151		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,707,958	28,851,651	55,559,609	0.284732	50.00
51.00	05100	RECOVERY ROOM	2,113,504	4,103,728	6,217,232	0.215930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,953,167	1,082,492	5,035,659	0.360940	52.00
53.00	05300	ANESTHESIOLOGY	8,393,005	9,113,477	17,506,482	0.032864	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,139,417	41,073,567	49,212,984	0.134828	54.00
56.00	05600	RADIOISOTOPE	2,301,755	9,544,088	11,845,843	0.083497	56.00
57.00	05700	CT SCAN	15,951,170	42,600,947	58,552,117	0.033395	57.00
59.00	05900	CARDIAC CATHETERIZATION	24,416,767	28,929,201	53,345,968	0.105795	59.00
60.00	06000	LABORATORY	39,753,686	40,484,915	80,238,601	0.081902	60.00
64.00	06400	INTRAVENOUS THERAPY	1,201,347	409,174	1,610,521	0.314817	64.00
65.00	06500	RESPIRATORY THERAPY	16,016,725	2,113,328	18,130,053	0.116642	65.00
66.00	06600	PHYSICAL THERAPY	6,280,603	13,297,130	19,577,733	0.262440	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,232,424	325,324	3,557,748	0.147955	67.00
68.00	06800	SPEECH PATHOLOGY	1,478,314	709,700	2,188,014	0.208621	68.00
69.00	06900	ELECTROCARDIOLOGY	12,335,932	17,850,223	30,186,155	0.064972	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,520,827	11,789,289	19,310,116	0.926713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,025,670	9,692,269	21,717,939	0.481032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,949,624	22,073,053	47,022,677	0.307397	73.00
74.00	07400	RENAL DIALYSIS	2,467,065	276,005	2,743,070	0.264327	74.00
76.00	03952	PAIN MANAGEMENT	0	11,255,666	11,255,666	0.081091	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	248,722	2,941,477	3,190,199	0.196720	76.03
76.04	03650	VASCULAR LAB	2,100,013	3,275,633	5,375,646	0.151920	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	93,547	8,364,866	8,458,413	3.562265	90.00
91.00	09100	EMERGENCY	14,024,438	42,009,986	56,034,424	0.149059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	907,082	5,283,658	6,190,740	0.486740	92.00
93.00	04950	OTHER OP	12,333	10,665,837	10,678,170	0.145869	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	300,329,084	368,116,684	668,445,768		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	300,329,084	368,116,684	668,445,768		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF				41.00
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
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.00	03952 PAIN MANAGEMENT	0.000000			76.00
76.01	03951 OP CARDIO VASCULAR	0.000000			76.01
76.02	03953 ANCILLARY PSYCH	0.000000			76.02
76.03	03950 SLEEP LAB	0.000000			76.03
76.04	03650 VASCULAR LAB	0.000000			76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04950 OTHER OP	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
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: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

			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	4,055,575	0	4,055,575	26,727	151.74	30.00
31.00	INTENSIVE CARE UNIT	954,767		954,767	5,047	189.18	31.00
41.00	SUBPROVIDER - IRF	902,230	0	902,230	4,376	206.18	41.00
43.00	NURSERY	84,029		84,029	1,848	45.47	43.00
200.00	Total (lines 30 through 199)	5,996,601		5,996,601	37,998		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	10,635	1,613,755				30.00
31.00	INTENSIVE CARE UNIT	2,434	460,464				31.00
41.00	SUBPROVIDER - IRF	2,317	477,719				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	15,386	2,551,938				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/28/2018 5:07 pm		
				Title XVIII		Hospital		PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,859,879	55,559,609	0.069473	10,342,345	718,514	50.00
51.00	05100	RECOVERY ROOM	224,410	6,217,232	0.036095	733,058	26,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,938	5,035,659	0.009917	20,987	208	52.00
53.00	05300	ANESTHESIOLOGY	152,610	17,506,482	0.008717	3,295,329	28,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,778,414	49,212,984	0.036137	3,611,741	130,517	54.00
56.00	05600	RADIOISOTOPE	223,527	11,845,843	0.018870	1,092,626	20,618	56.00
57.00	05700	CT SCAN	357,354	58,552,117	0.006103	6,908,815	42,164	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,332,839	53,345,968	0.024985	10,713,178	267,669	59.00
60.00	06000	LABORATORY	661,979	80,238,601	0.008250	18,615,602	153,579	60.00
64.00	06400	INTRAVENOUS THERAPY	13,765	1,610,521	0.008547	573,185	4,899	64.00
65.00	06500	RESPIRATORY THERAPY	220,510	18,130,053	0.012163	6,768,038	82,320	65.00
66.00	06600	PHYSICAL THERAPY	416,903	19,577,733	0.021295	1,795,216	38,229	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,405	3,557,748	0.003487	381,284	1,330	67.00
68.00	06800	SPEECH PATHOLOGY	29,587	2,188,014	0.013522	118,807	1,607	68.00
69.00	06900	ELECTROCARDIOLOGY	315,857	30,186,155	0.010464	5,506,886	57,624	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	622,060	19,310,116	0.032214	3,058,833	98,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	306,079	21,717,939	0.014093	5,443,488	76,715	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	443,951	47,022,677	0.009441	10,487,818	99,015	73.00
74.00	07400	RENAL DIALYSIS	29,298	2,743,070	0.010681	1,616,862	17,270	74.00
76.00	03952	PAIN MANAGEMENT	83,027	11,255,666	0.007376	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	92,754	3,190,199	0.029075	124,900	3,631	76.03
76.04	03650	VASCULAR LAB	301,646	5,375,646	0.056113	945,834	53,074	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	925,157	8,458,413	0.109377	76,011	8,314	90.00
91.00	09100	EMERGENCY	1,061,510	56,034,424	0.018944	5,750,429	108,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	390,277	6,190,740	0.063042	415,615	26,201	92.00
93.00	04950	OTHER OP	37,130	10,678,170	0.003477	2,116	7	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	13,942,866	604,741,779		98,399,003	2,066,163	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/28/2018 5:07 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	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	26,727	0.00	10,635	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	5,047	0.00	2,434	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	4,376	0.00	2,317	41.00			
43.00	04300	NURSERY	0	0	1,848	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	0	37,998		15,386	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
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	617,363	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB		0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
93.00	04950	OTHER OP		0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	617,363	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 5:07 pm	
				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	55,559,609	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	6,217,232	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,035,659	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	17,506,482	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	49,212,984	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	11,845,843	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	58,552,117	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	53,345,968	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	80,238,601	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	1,610,521	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	18,130,053	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	19,577,733	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,557,748	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,188,014	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	30,186,155	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	19,310,116	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	21,717,939	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	617,363	617,363	47,022,677	0.013129	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,743,070	0.000000	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	11,255,666	0.000000	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB		0	0	0	3,190,199	0.000000	76.03
76.04	03650	VASCULAR LAB		0	0	0	5,375,646	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	8,458,413	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	56,034,424	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	6,190,740	0.000000	92.00
93.00	04950	OTHER OP		0	0	0	10,678,170	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	617,363	617,363	604,741,779		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description			Title XVIII		Hospital		PPS
			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	10,342,345	0	5,855,516	0
51.00	05100	RECOVERY ROOM	0.000000	733,058	0	807,817	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	20,987	0	748	0
53.00	05300	ANESTHESIOLOGY	0.000000	3,295,329	0	1,856,449	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,611,741	0	6,912,937	0
56.00	05600	RADIOISOTOPE	0.000000	1,092,626	0	3,292,623	0
57.00	05700	CT SCAN	0.000000	6,908,815	0	9,092,279	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	10,713,178	0	12,831,546	0
60.00	06000	LABORATORY	0.000000	18,615,602	0	5,625,972	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	573,185	0	104,741	0
65.00	06500	RESPIRATORY THERAPY	0.000000	6,768,038	0	356,617	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,795,216	0	934,725	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	381,284	0	20,751	0
68.00	06800	SPEECH PATHOLOGY	0.000000	118,807	0	38,878	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,506,886	0	5,269,330	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,058,833	0	2,981,012	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	5,443,488	0	4,395,678	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.013129	10,487,818	137,695	5,936,179	77,936
74.00	07400	RENAL DIALYSIS	0.000000	1,616,862	0	194,741	0
76.00	03952	PAIN MANAGEMENT	0.000000	0	0	3,297,036	0
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0
76.03	03950	SLEEP LAB	0.000000	124,900	0	330,675	0
76.04	03650	VASCULAR LAB	0.000000	945,834	0	1,155,106	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	76,011	0	2,320,294	0
91.00	09100	EMERGENCY	0.000000	5,750,429	0	6,462,107	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	415,615	0	1,692,995	0
93.00	04950	OTHER OP	0.000000	2,116	0	860,896	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)		98,399,003	137,695	82,627,648	77,936

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.284732	5,855,516	0	0	1,667,253	50.00
51.00	05100	RECOVERY ROOM		0.215930	807,817	0	0	174,432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.360940	748	0	0	270	52.00
53.00	05300	ANESTHESIOLOGY		0.032864	1,856,449	0	0	61,010	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.134828	6,912,937	0	0	932,057	54.00
56.00	05600	RADIOISOTOPE		0.083497	3,292,623	0	0	274,924	56.00
57.00	05700	CT SCAN		0.033395	9,092,279	0	0	303,637	57.00
59.00	05900	CARDIAC CATHETERIZATION		0.105795	12,831,546	0	0	1,357,513	59.00
60.00	06000	LABORATORY		0.081902	5,625,972	0	0	460,778	60.00
64.00	06400	INTRAVENOUS THERAPY		0.314817	104,741	0	0	32,974	64.00
65.00	06500	RESPIRATORY THERAPY		0.116642	356,617	0	0	41,597	65.00
66.00	06600	PHYSICAL THERAPY		0.262440	934,725	0	0	245,309	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.147955	20,751	0	0	3,070	67.00
68.00	06800	SPEECH PATHOLOGY		0.208621	38,878	0	0	8,111	68.00
69.00	06900	ELECTROCARDIOLOGY		0.064972	5,269,330	0	0	342,359	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.926713	2,981,012	0	0	2,762,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.481032	4,395,678	0	0	2,114,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.307397	5,936,179	0	23,678	1,824,764	73.00
74.00	07400	RENAL DIALYSIS		0.264327	194,741	0	0	51,475	74.00
76.00	03952	PAIN MANAGEMENT		0.081091	3,297,036	0	0	267,360	76.00
76.01	03951	OP CARDIO VASCULAR		0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0.196720	330,675	0	0	65,050	76.03
76.04	03650	VASCULAR LAB		0.151920	1,155,106	0	0	175,484	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		3.562265	2,320,294	0	0	8,265,502	90.00
91.00	09100	EMERGENCY		0.149059	6,462,107	0	0	963,235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.486740	1,692,995	0	0	824,048	92.00
93.00	04950	OTHER OP		0.145869	860,896	0	0	125,578	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
200.00		Subtotal (see instructions)			82,627,648	0	23,678	23,344,795	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			82,627,648	0	23,678	23,344,795	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,279					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03952	PAIN MANAGEMENT	0	0					76.00
76.01	03951	OP CARDIO VASCULAR	0	0					76.01
76.02	03953	ANCILLARY PSYCH	0	0					76.02
76.03	03950	SLEEP LAB	0	0					76.03
76.04	03650	VASCULAR LAB	0	0					76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
93.00	04950	OTHER OP	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	7,279					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	7,279					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/28/2018 5:07 pm		
				Component CCN: 14-T187				
				Title XVIII	Subprovider - IRF	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	3,859,879	55,559,609	0.069473	15,806	1,098	50.00
51.00	05100	RECOVERY ROOM	224,410	6,217,232	0.036095	1,190	43	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,938	5,035,659	0.009917	0	0	52.00
53.00	05300	ANESTHESIOLOGY	152,610	17,506,482	0.008717	1,268	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,778,414	49,212,984	0.036137	110,309	3,986	54.00
56.00	05600	RADIOISOTOPE	223,527	11,845,843	0.018870	0	0	56.00
57.00	05700	CT SCAN	357,354	58,552,117	0.006103	51,522	314	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,332,839	53,345,968	0.024985	0	0	59.00
60.00	06000	LABORATORY	661,979	80,238,601	0.008250	564,265	4,655	60.00
64.00	06400	INTRAVENOUS THERAPY	13,765	1,610,521	0.008547	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	220,510	18,130,053	0.012163	334,934	4,074	65.00
66.00	06600	PHYSICAL THERAPY	416,903	19,577,733	0.021295	1,565,991	33,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,405	3,557,748	0.003487	1,320,460	4,604	67.00
68.00	06800	SPEECH PATHOLOGY	29,587	2,188,014	0.013522	468,017	6,329	68.00
69.00	06900	ELECTROCARDIOLOGY	315,857	30,186,155	0.010464	15,703	164	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	622,060	19,310,116	0.032214	36,297	1,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	306,079	21,717,939	0.014093	2,250	32	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	443,951	47,022,677	0.009441	649,296	6,130	73.00
74.00	07400	RENAL DIALYSIS	29,298	2,743,070	0.010681	133,277	1,424	74.00
76.00	03952	PAIN MANAGEMENT	83,027	11,255,666	0.007376	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	92,754	3,190,199	0.029075	0	0	76.03
76.04	03650	VASCULAR LAB	301,646	5,375,646	0.056113	19,174	1,076	76.04
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	925,157	8,458,413	0.109377	0	0	90.00
91.00	09100	EMERGENCY	1,061,510	56,034,424	0.018944	9,115	173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,190,740	0.000000	0	0	92.00
93.00	04950	OTHER OP	37,130	10,678,170	0.003477	141	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	13,552,589	604,741,779		5,299,015	68,630	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Subprovider - IRF		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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	617,363	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	617,363	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Subprovider - IRF		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	55,559,609	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	6,217,232	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,035,659	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	17,506,482	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,212,984	0.000000	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	11,845,843	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	58,552,117	0.000000	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	53,345,968	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	80,238,601	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,610,521	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,130,053	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	19,577,733	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,557,748	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,188,014	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	30,186,155	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,310,116	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	21,717,939	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	617,363	617,363	47,022,677	0.013129	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	2,743,070	0.000000	74.00	
76.00	03952	PAIN MANAGEMENT	0	0	0	11,255,666	0.000000	76.00	
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0.000000	76.01	
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0.000000	76.02	
76.03	03950	SLEEP LAB	0	0	0	3,190,199	0.000000	76.03	
76.04	03650	VASCULAR LAB	0	0	0	5,375,646	0.000000	76.04	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	8,458,413	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	56,034,424	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,190,740	0.000000	92.00	
93.00	04950	OTHER OP	0	0	0	10,678,170	0.000000	93.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
200.00		Total (lines 50 through 199)	0	617,363	617,363	604,741,779		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0187 Component CCN:14-T187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		15,806	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		1,190	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		1,268	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		110,309	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		51,522	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		564,265	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		334,934	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,565,991	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,320,460	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		468,017	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		15,703	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		36,297	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		2,250	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.013129		649,296	8,525	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		133,277	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.000000		0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000		0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.000000		0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0.000000		19,174	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		9,115	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0	0	0	0	92.00
93.00	04950	OTHER OP	0.000000		141	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			5,299,015	8,525	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0187 Component CCN:14-T187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Subprovider - IRF		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	0.284732	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.215930	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360940	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032864	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134828	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.083497	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.033395	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.105795	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.081902	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.314817	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.116642	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.262440	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.147955	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.208621	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064972	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926713	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.481032	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307397	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.264327	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.081091	0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.196720	0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0.151920	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3.562265	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.149059	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486740	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0.145869	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0				95.00
200.00		Subtotal (see instructions)		0	0		0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0		0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0187 Component CCN:14-T187		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/28/2018 5:07 pm		
			Title XVIII		Subprovider - IRF		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
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03952	PAIN MANAGEMENT	0	0					76.00
76.01	03951	OP CARDIO VASCULAR	0	0					76.01
76.02	03953	ANCILLARY PSYCH	0	0					76.02
76.03	03950	SLEEP LAB	0	0					76.03
76.04	03650	VASCULAR LAB	0	0					76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
93.00	04950	OTHER OP	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/28/2018 5:07 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.284732	0	1,183,673	0	0	50.00
51.00	05100	RECOVERY ROOM	0.215930	0	236,930	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360940	0	90,408	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032864	0	254,960	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134828	0	982,589	0	0	54.00
56.00	05600	RADIOISOTOPE	0.083497	0	214,436	0	0	56.00
57.00	05700	CT SCAN	0.033395	0	1,819,670	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.105795	0	574,880	0	0	59.00
60.00	06000	LABORATORY	0.081902	0	1,544,578	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.314817	0	16,695	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.116642	0	51,377	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.262440	0	2,389	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.147955	0	1,447	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.208621	0	29,623	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064972	0	581,446	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926713	0	580,398	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.481032	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307397	0	541,181	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.264327	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.081091	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.196720	0	46,167	0	0	76.03
76.04	03650	VASCULAR LAB	0.151920	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3.562265	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.149059	0	3,276,454	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486740	0	619,009	0	0	92.00
93.00	04950	OTHER OP	0.145869	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	12,648,310	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	12,648,310	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/28/2018 5:07 pm

			Title XIX		Hospital	Cost
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	337,030	0		50.00
51.00	05100	RECOVERY ROOM	51,160	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,632	0		52.00
53.00	05300	ANESTHESIOLOGY	8,379	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,481	0		54.00
56.00	05600	RADIOISOTOPE	17,905	0		56.00
57.00	05700	CT SCAN	60,768	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	60,819	0		59.00
60.00	06000	LABORATORY	126,504	0		60.00
64.00	06400	INTRAVENOUS THERAPY	5,256	0		64.00
65.00	06500	RESPIRATORY THERAPY	5,993	0		65.00
66.00	06600	PHYSICAL THERAPY	627	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	214	0		67.00
68.00	06800	SPEECH PATHOLOGY	6,180	0		68.00
69.00	06900	ELECTROCARDIOLOGY	37,778	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	537,862	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,357	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03952	PAIN MANAGEMENT	0	0		76.00
76.01	03951	OP CARDIO VASCULAR	0	0		76.01
76.02	03953	ANCILLARY PSYCH	0	0		76.02
76.03	03950	SLEEP LAB	9,082	0		76.03
76.04	03650	VASCULAR LAB	0	0		76.04
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	488,385	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	301,296	0		92.00
93.00	04950	OTHER OP	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	2,386,708	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,386,708	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm
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)	26,727	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	26,727	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)	24,155	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)	10,635	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)	31,312,479	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)	31,312,479	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)	31,312,479	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)	1,171.57	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	12,459,647	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	12,459,647	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/28/2018 5:07 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,835,577	5,047	1,750.66	2,434	4,261,106
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)					19,169,189
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,889,942
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,074,219
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,203,858
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,278,077
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,611,865
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)					2,572
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,171.57
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,013,278

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm		
				Title XVIII		Hospital		PPS		
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)				
		1.00	2.00	3.00	4.00	5.00				
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost	4,055,575	31,312,479	0.129519	3,013,278	390,277		90.00		
91.00	Nursing School cost	0	31,312,479	0.000000	3,013,278	0		91.00		
92.00	Allied health cost	0	31,312,479	0.000000	3,013,278	0		92.00		
93.00	All other Medical Education	0	31,312,479	0.000000	3,013,278	0		93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm
		Title XVIII	Subprovider - IRF	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)		4,376	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,376	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)		4,376	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)		2,317	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)		4,147,235	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)		4,147,235	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)		4,147,235	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)		947.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,195,867	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,195,867	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 14-T187		Date/Time Prepared: 11/28/2018 5:07 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	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)					1,085,513	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,281,380	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)					477,719	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					77,155	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					554,874	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,726,506	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: 14-0187 Component CCN: 14-T187		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XVIII		Subprovider - IRF		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	902,230	4,147,235	0.217550	0	0	90.00
91.00	Nursing School cost	0	4,147,235	0.000000	0	0	91.00
92.00	Allied health cost	0	4,147,235	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,147,235	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm
		Title XIX	Hospital	Cost
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)		26,727	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,727	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)		24,155	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)		741	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)		1,848	15.00
16.00	Nursery days (title V or XIX only)		305	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)		31,312,479	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)		31,312,479	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)		31,312,479	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)		1,171.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		868,133	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)		868,133	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,179,453	1,848	1,179.36	305	359,705	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,835,577	5,047	1,750.66	162	283,607	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,204,640	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,716,085	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,572	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,171.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,013,278	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XIX		Hospital		Cost	
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	4,055,575	31,312,479	0.129519	3,013,278	390,277	90.00
91.00	Nursing School cost	0	31,312,479	0.000000	3,013,278	0	91.00
92.00	Allied health cost	0	31,312,479	0.000000	3,013,278	0	92.00
93.00	All other Medical Education	0	31,312,479	0.000000	3,013,278	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm
		Title XIX	Subprovider - IRF	Cost
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)			4,376 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,376 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)			4,376 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)			90 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)			1,848 15.00
16.00	Nursery days (title V or XIX only)			305 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)			4,147,235 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)			4,147,235 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)			4,147,235 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)			947.72 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			85,295 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)			85,295 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm
				Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	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)					36,875	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					122,170	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					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: 14-0187 Component CCN: 14-T187		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XIX		Subprovider - IRF		Cost	
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	902,230	4,147,235	0.217550	0	0	90.00
91.00	Nursing School cost	0	4,147,235	0.000000	0	0	91.00
92.00	Allied health cost	0	4,147,235	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,147,235	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 5:07 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		19,880,519		30.00
31.00	03100	INTENSIVE CARE UNIT		6,088,096		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.284732	10,342,345	2,944,797	50.00
51.00	05100	RECOVERY ROOM	0.215930	733,058	158,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360940	20,987	7,575	52.00
53.00	05300	ANESTHESIOLOGY	0.032864	3,295,329	108,298	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134828	3,611,741	486,964	54.00
56.00	05600	RADIOISOTOPE	0.083497	1,092,626	91,231	56.00
57.00	05700	CT SCAN	0.033395	6,908,815	230,720	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.105795	10,713,178	1,133,401	59.00
60.00	06000	LABORATORY	0.081902	18,615,602	1,524,655	60.00
64.00	06400	INTRAVENOUS THERAPY	0.314817	573,185	180,448	64.00
65.00	06500	RESPIRATORY THERAPY	0.116642	6,768,038	789,437	65.00
66.00	06600	PHYSICAL THERAPY	0.262440	1,795,216	471,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.147955	381,284	56,413	67.00
68.00	06800	SPEECH PATHOLOGY	0.208621	118,807	24,786	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064972	5,506,886	357,793	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926713	3,058,833	2,834,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.481032	5,443,488	2,618,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307397	10,487,818	3,223,924	73.00
74.00	07400	RENAL DIALYSIS	0.264327	1,616,862	427,380	74.00
76.00	03952	PAIN MANAGEMENT	0.081091	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	0.196720	124,900	24,570	76.03
76.04	03650	VASCULAR LAB	0.151920	945,834	143,691	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.562265	76,011	270,771	90.00
91.00	09100	EMERGENCY	0.149059	5,750,429	857,153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486740	415,615	202,296	92.00
93.00	04950	OTHER OP	0.145869	2,116	309	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		98,399,003	19,169,189	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		98,399,003		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		2,978,087		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.284732	15,806	4,500	50.00
51.00	05100 RECOVERY ROOM	0.215930	1,190	257	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.360940	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032864	1,268	42	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134828	110,309	14,873	54.00
56.00	05600 RADIOISOTOPE	0.083497	0	0	56.00
57.00	05700 CT SCAN	0.033395	51,522	1,721	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.105795	0	0	59.00
60.00	06000 LABORATORY	0.081902	564,265	46,214	60.00
64.00	06400 INTRAVENOUS THERAPY	0.314817	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.116642	334,934	39,067	65.00
66.00	06600 PHYSICAL THERAPY	0.262440	1,565,991	410,979	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.147955	1,320,460	195,369	67.00
68.00	06800 SPEECH PATHOLOGY	0.208621	468,017	97,638	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064972	15,703	1,020	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926713	36,297	33,637	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.481032	2,250	1,082	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.307397	649,296	199,592	73.00
74.00	07400 RENAL DIALYSIS	0.264327	133,277	35,229	74.00
76.00	03952 PAIN MANAGEMENT	0.081091	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950 SLEEP LAB	0.196720	0	0	76.03
76.04	03650 VASCULAR LAB	0.151920	19,174	2,913	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.562265	0	0	90.00
91.00	09100 EMERGENCY	0.149059	9,115	1,359	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.486740	0	0	92.00
93.00	04950 OTHER OP	0.145869	141	21	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,299,015	1,085,513	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		5,299,015		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 5:07 pm
			Title XIX	Hospital	Cost
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		2,110,433	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.284732	678,479	50.00
51.00	05100	RECOVERY ROOM	0.215930	158,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.360940	377,078	52.00
53.00	05300	ANESTHESIOLOGY	0.032864	246,336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134828	291,073	54.00
56.00	05600	RADIOISOTOPE	0.083497	38,902	56.00
57.00	05700	CT SCAN	0.033395	339,197	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.105795	235,169	59.00
60.00	06000	LABORATORY	0.081902	1,596,810	60.00
64.00	06400	INTRAVENOUS THERAPY	0.314817	9,807	64.00
65.00	06500	RESPIRATORY THERAPY	0.116642	351,883	65.00
66.00	06600	PHYSICAL THERAPY	0.262440	48,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.147955	13,285	67.00
68.00	06800	SPEECH PATHOLOGY	0.208621	48,940	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064972	265,433	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926713	287,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.481032	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307397	753,401	73.00
74.00	07400	RENAL DIALYSIS	0.264327	33,126	74.00
76.00	03952	PAIN MANAGEMENT	0.081091	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	76.02
76.03	03950	SLEEP LAB	0.196720	4,307	76.03
76.04	03650	VASCULAR LAB	0.151920	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.562265	0	90.00
91.00	09100	EMERGENCY	0.149059	152,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.486740	15,059	92.00
93.00	04950	OTHER OP	0.145869	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,944,038	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,944,038	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 5:07 pm	
		Component CCN: 14-T187			
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		115,228		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.284732	0	0	50.00
51.00	05100 RECOVERY ROOM	0.215930	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.360940	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.032864	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134828	1,933	261	54.00
56.00	05600 RADIOISOTOPE	0.083497	0	0	56.00
57.00	05700 CT SCAN	0.033395	1,995	67	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.105795	0	0	59.00
60.00	06000 LABORATORY	0.081902	16,122	1,320	60.00
64.00	06400 INTRAVENOUS THERAPY	0.314817	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.116642	3,586	418	65.00
66.00	06600 PHYSICAL THERAPY	0.262440	60,456	15,866	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.147955	56,192	8,314	67.00
68.00	06800 SPEECH PATHOLOGY	0.208621	18,638	3,888	68.00
69.00	06900 ELECTROCARDIOLOGY	0.064972	405	26	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.926713	286	265	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.481032	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.307397	20,984	6,450	73.00
74.00	07400 RENAL DIALYSIS	0.264327	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0.081091	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950 SLEEP LAB	0.196720	0	0	76.03
76.04	03650 VASCULAR LAB	0.151920	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.562265	0	0	90.00
91.00	09100 EMERGENCY	0.149059	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.486740	0	0	92.00
93.00	04950 OTHER OP	0.145869	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		180,597	36,875	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		180,597		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			6,054,019	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			20,543,586	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)			308,137	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			9,522,456	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			143.37	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)			8.67	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)			8.67	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			14.77	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)			8.67	12.00
13.00	Total allowable FTE count for the prior year.			8.67	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.			8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.			8.67	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			8.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.060473	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.046964	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.046964	21.00
22.00	IME payment adjustment (see instructions)			673,638	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			241,175	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)			6.10	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)			673,638	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			241,175	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.29	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.18	31.00
32.00	Sum of lines 30 and 31			21.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)			6.93	33.00
34.00	Disproportionate share adjustment (see instructions)			460,804	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	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)	1,467,511	1,470,059		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	369,893	1,099,523		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,469,416			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	29,509,600			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)			29,750,775	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,354,063	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).			433,535	52.00
53.00	Nursing and Allied Health Managed Care payment			133,791	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)			137,695	58.00
59.00	Total (sum of amounts on lines 49 through 58)			32,809,859	59.00
60.00	Primary payer payments			27,691	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			32,782,168	61.00
62.00	Deductibles billed to program beneficiaries			2,661,144	62.00
63.00	Coinsurance billed to program beneficiaries			65,843	63.00
64.00	Allowable bad debts (see instructions)			296,818	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			192,932	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			194,792	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			30,248,113	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				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)			70,146	70.93
70.94	HRR adjustment amount (see instructions)			-155,863	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			72,714	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			30,089,682	71.00
71.01	Sequestration adjustment (see instructions)			601,794	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			29,571,556	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)			-83,668	74.00
75.00	Contested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			326,143	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2018 5:07 pm

		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	6,054,019	6,054,019		6,054,019	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	20,543,586		20,543,586	20,543,586	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	308,137	90,358	217,779	308,137	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,522,456	1,979,749	7,542,707	9,522,456	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.046964	0.046964	0.046964		5.00
6.00	IME payment adjustment (see instructions)	22.00	673,638	153,330	520,308	673,638	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	241,175	50,141	191,034	241,175	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		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	673,638	153,330	520,308	673,638	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	241,175	50,141	191,034	241,175	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0693	0.0693	0.0693		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	460,804	104,886	355,918	460,804	11.00
11.01	Uncompensated care payments	36.00	1,469,416	369,893	1,099,523	1,469,416	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	12.00
13.00	Subtotal (see instructions)	47.00	29,509,600	6,772,486	22,737,114	29,509,600	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	29,750,775	6,822,627	22,928,148	29,750,775	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,354,063	538,049	1,816,014	2,354,063	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
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	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			7,360,676	24,744,162	32,104,838	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2018 5:07 pm

		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	2,146,521	486,329	1,660,192	2,146,521	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	47,197	15,391	31,806	47,197	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	0.0302	0.0302	0.0302		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	64,825	14,687	50,138	64,825	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0445	0.0445	0.0445		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	95,520	21,642	73,878	95,520	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,354,063	538,049	1,816,014	2,354,063	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	70,146	-40,192	110,338	70,146	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	-155,863	-49,038	-106,825	-155,863	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		72,714	0	72,714	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 5:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,279	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,266,859	2.00
3.00	OPPS payments		13,550,421	3.00
4.00	Outlier payment (see instructions)		306,669	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		77,936	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,279	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		23,678	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)		23,678	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)		23,678	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		16,399	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)		7,279	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)		13,935,026	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)		2,474,183	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)		11,468,122	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		258,621	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)		11,726,743	30.00
31.00	Primary payer payments		1,321	31.00
32.00	Subtotal (line 30 minus line 31)		11,725,422	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)		245,606	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		159,644	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		146,924	36.00
37.00	Subtotal (see instructions)		11,885,066	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-61	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)		11,885,127	40.00
40.01	Sequestration adjustment (see instructions)		237,703	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,657,599	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-10,175	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 5:07 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/28/2018 5:07 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		29,995,663		11,779,824	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/08/2018	424,107	02/08/2018	122,225	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)		-424,107		-122,225	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)		29,571,556		11,657,599	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		83,668		10,175	6.02
7.00	Total Medicare program liability (see instructions)		29,487,888		11,647,424	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: 14-0187

Period:

Worksheet E-1

Component CCN: 14-T187

From 07/01/2017
To 06/30/2018Part I
Date/Time Prepared:
11/28/2018 5:07 pm

Title XVIII

Subprovider -
IRF

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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,277,177		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/08/2018	7,001		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)		-7,001		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)		3,270,176		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		2,868		0	6.02
7.00	Total Medicare program liability (see instructions)		3,267,308		0	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: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/28/2018 5:07 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/28/2018 5:07 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		3,219,593	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0223	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		129,428	3.00
4.00	Outlier Payments		17,754	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	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	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	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	7.00
8.00	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	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		11.989041	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		3,366,775	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,366,775	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,366,775	19.00
20.00	Deductibles		19,980	20.00
21.00	Subtotal (line 19 minus line 20)		3,346,795	21.00
22.00	Coinsurance		21,332	22.00
23.00	Subtotal (line 21 minus line 22)		3,325,463	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,325,463	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		8,525	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,333,988	32.00
32.01	Sequestration adjustment (see instructions)		66,680	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		3,270,176	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-2,868	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		17,754	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,716,085		1.00
2.00	Medical and other services			2,386,708	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,716,085	2,386,708	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,716,085	2,386,708	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		5,944,038	12,648,310	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		5,944,038	12,648,310	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		5,944,038	12,648,310	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		3,227,953	10,261,602	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,716,085	2,386,708	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,716,085	2,386,708	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,716,085	2,386,708	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,716,085	2,386,708	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-2,716,085	-2,386,708	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2018 5:07 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	122,170		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	122,170	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	122,170	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	180,597	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	180,597	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	180,597	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	58,427	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	122,170	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	122,170	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	122,170	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	122,170	0	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT	-122,170	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/28/2018 5:07 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.77	6.00
7.00	Enter the lesser of line 5 or line 6			14.41	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	14.77	0.00	14.77	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.41	0.00	14.41	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.41	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.11	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.76	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	13.09	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	13.09	0.00		17.00
18.00	Per resident amount	90,942.64	90,942.64		18.00
19.00	Approved amount for resident costs	1,190,439	0	1,190,439	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.36	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,190,439	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,386	5,076		26.00
27.00	Total Inpatient Days (see instructions)	33,959	33,959		27.00
28.00	Ratio of inpatient days to total inpatient days	0.453076	0.149474		28.00
29.00	Program direct GME amount	539,359	177,940		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		25,143		30.00
31.00	Net Program direct GME amount			692,156	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/28/2018 5:07 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,743,070	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		39,171,322	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		27,691	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		39,143,631	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		23,352,074	42.00
43.00	Primary payer payments (see instructions)		1,321	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		23,350,753	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		62,494,384	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.626354	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.373646	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		692,156	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		433,535	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		258,621	50.00

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

Provider CCN: 14-0187

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

Worksheet G

Date/Time Prepared:
11/28/2018 5:07 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,984,017	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	131,958,445	0	0	0	4.00
5.00	Other receivable	3,891,572	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-104,249,740	0	0	0	6.00
7.00	Inventory	3,154,906	0	0	0	7.00
8.00	Prepaid expenses	886,028	0	0	0	8.00
9.00	Other current assets	6,878,739	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	50,503,967	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,847,634	0	0	0	12.00
13.00	Land improvements	15,391,139	0	0	0	13.00
14.00	Accumulated depreciation	-1,005,201	0	0	0	14.00
15.00	Buildings	76,317,229	0	0	0	15.00
16.00	Accumulated depreciation	-5,481,418	0	0	0	16.00
17.00	Leasehold improvements	364,282	0	0	0	17.00
18.00	Accumulated depreciation	-37,917	0	0	0	18.00
19.00	Fixed equipment	93,064,300	0	0	0	19.00
20.00	Accumulated depreciation	-12,350,656	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	91,156,806	0	0	0	23.00
24.00	Accumulated depreciation	-45,188,174	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)	235,078,024	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,467,223	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	26,000,470	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	28,467,693	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	314,049,684	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,955,518	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,329,212	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	19,892,732	0	0	0	40.00
41.00	Deferred income	16,871	0	0	0	41.00
42.00	Accelerated payments	491,877	0	0	0	42.00
43.00	Due to other funds	55,046	0	0	0	43.00
44.00	Other current liabilities	9,959,450	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	56,700,706	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	136,534,404	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	317,891,057	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	454,425,461	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	511,126,167	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-197,076,483	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)	-197,076,483	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	314,049,684	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0187

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

Worksheet G-1

Date/Time Prepared:
11/28/2018 5:07 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-160,617,138		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-43,437,619				2.00
3.00	Total (sum of line 1 and line 2)		-204,054,757		0		3.00
4.00	IDENTIFIED ON TRIAL BALANCE	6,978,274		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)		6,978,274		0		10.00
11.00	Subtotal (line 3 plus line 10)		-197,076,483		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-197,076,483		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	IDENTIFIED ON TRIAL BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0187

Period:
From 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2018 5:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	51,813,387		51,813,387	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,668,732		5,668,732	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)	57,482,119		57,482,119	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,503,599		14,503,599	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)	14,503,599		14,503,599	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,985,718		71,985,718	17.00
18.00	Ancillary services	221,570,649	307,016,952	528,587,601	18.00
19.00	Outpatient services	14,196,662	61,881,543	76,078,205	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	2,754,878	116,781	2,871,659	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	310,507,907	369,015,276	679,523,183	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		212,450,668		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)		212,450,668		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0187

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

Worksheet G-3

Date/Time Prepared:
11/28/2018 5:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	679,523,183	1.00
2.00	Less contractual allowances and discounts on patients' accounts	515,551,035	2.00
3.00	Net patient revenues (line 1 minus line 2)	163,972,148	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	212,450,668	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-48,478,520	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	30,990	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,548,548	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	3,461,363	24.00
25.00	Total other income (sum of lines 6-24)	5,040,901	25.00
26.00	Total (line 5 plus line 25)	-43,437,619	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-43,437,619	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0187	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/28/2018 5:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,146,521	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,197	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)		81.98	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.02	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)		64,825	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.29	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.18	8.00
9.00	Sum of lines 7 and 8		21.47	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.45	10.00
11.00	Disproportionate share adjustment (see instructions)		95,520	11.00
12.00	Total prospective capital payments (see instructions)		2,354,063	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