

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/28/2018 8:12 am
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT FRANCIS HOSPITAL (14-0080) for the cost reporting period beginning 01/01/2018 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

LAKESHORE REGIONAL FINANCE 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	-129,034	204,992	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-129,034	204,992	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: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:12 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 355 RIDGE AVENUE			PO Box:				1.00	
2.00	City: EVANSTON			State: IL		Zip Code: 60202		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			PRESENCE SAINT FRANCIS HOSPITAL	140080	16974	1	07/01/1966	N
4.00	Subprovider - IPF							P	0
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
17.20	Hospital-Based (OPT) I								
17.30	Hospital-Based (OOT) I								
17.40	Hospital-Based (OSP) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	06/30/2018	20.00
21.00	Type of Control (see instructions)						1		21.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,002	347	0	0	2,978	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:12 am	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00
							Urban/Rural S	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00
							V	XVIII	XIX
							1.00	2.00	3.00
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N		
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
						1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)						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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
11/28/2018 8:12 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	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)			0.96	37.74	0.024806	64.00

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2018 8:12 am

		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)	INTERNAL MEDICINE	1400	5.34	47.58	0.100907	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)			1.61	43.53	0.035667	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)	INTERNAL MEDICINE	1400	2.81	49.75	0.053463	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	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0

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

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:12 am					
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: PRESENCE HEALTH NETWORK		Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00131		141.00						
142.00	Street: 200 S WACKER DR		PO Box:				142.00						
143.00	City: CHICAGO		State: IL		Zip Code: 60606		143.00						
								1.00					
144.00 Are provider based physicians' costs included in Worksheet A?								Y		144.00			
								1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N		145.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00					
								1.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N		147.00			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N		148.00			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N		149.00			
				Part A		Part B		Title V		Title XIX			
				1.00		2.00		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital			N		N		N		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC					N		N		N	161.00		
161.10	CORF					N		N		N	161.10		
161.20	OUTPATIENT PHYSICAL THERAPY					N		N		N	161.20		
161.30	OUTPATIENT OCCUPATIONAL THERAPY					N		N		N	161.30		
161.40	OUTPATIENT SPEECH PATHOLOGY					N		N		N	161.40		
								1.00					
Multicampus													
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N		165.00			
				Name		County		State		Zip Code	CBSA	FTE/Campus	
				0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	166.00
								1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y		167.00			
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0		168.00			
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)										168.01			
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99		169.00			
								Beginning		Ending			
								1.00		2.00			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								01/01/2018		06/30/2018	170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:12 am
		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: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 8:12 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/06/2018	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/28/2018 8:12 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEITH	WINKLER		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3734	KEITH.WINKLER@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 8:12 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part IX Date/Time Prepared: 11/28/2018 8:12 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 8:12 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	169	30,589	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)		169	30,589	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	2,896	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	10	1,810	0.00	0	9.02
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)		195	35,295	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		195				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: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 8:12 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,409	586	10,930			1.00
2.00	HMO and other (see instructions)	1,863	2,694				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,409	586	10,930			7.00
8.00	INTENSIVE CARE UNIT	783	91	1,945			8.00
9.00	CORONARY CARE UNIT						9.00
9.02	SURGICAL HEART UNIT	375	38	889			9.02
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		803	1,042			13.00
14.00	Total (see instructions)	5,567	1,518	14,806	97.70	778.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				97.70	778.00	27.00
28.00	Observation Bed Days		893	2,609			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	115	166			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: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 8:12 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,312	184	3,576	1.00
2.00 HMO and other (see instructions)			384	678		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT						9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,312	184	3,576	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 8:12 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	26,332,612	0	26,332,612	798,295.00	32.99	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		63,253	0	63,253	640.00	98.83	4.00
4.01	Physicians - Part A - Teaching		559,344	0	559,344	6,780.00	82.50	4.01
5.00	Physician and Non Physician-Part B		40,013	0	40,013	244.00	163.99	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	2,504,962	0	2,504,962	86,120.00	29.09	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	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)		177,249	0	177,249	4,974.00	35.64	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,053,629	0	2,053,629	49,865.00	41.18	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		0	0	0	0.00	0.00	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		6,916,676	0	6,916,676	178,709.00	38.70	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)		6,155,087	0	6,155,087			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		45,771	0	45,771			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		11,822	0	11,822			22.00
22.01	Physician Part A - Teaching		108,852	0	108,852			22.01
23.00	Physician Part B		6,804	0	6,804			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		515,444	0	515,444			25.00
25.50	Home office wage-related (core)		1,556,629	0	1,556,629			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,804,588	-104,819	1,699,769	37,903.00	44.85	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 8:12 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	2,056,926	0	2,056,926	11,094.00	185.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	851,310	0	851,310	37,369.00	22.78	30.00
31.00	Laundry & Linen Service	48,739	0	48,739	3,377.00	14.43	31.00
32.00	Housekeeping	638,784	0	638,784	42,685.00	14.97	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	528,504	-432,475	96,029	6,593.00	14.57	34.00
35.00	Dietary under contract (see instructions)	354,218	0	354,218	5,846.00	60.59	35.00
36.00	Cafeteria	0	432,475	432,475	29,697.00	14.56	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	663,341	0	663,341	13,449.00	49.32	38.00
39.00	Central Services and Supply	94,187	0	94,187	4,861.00	19.38	39.00
40.00	Pharmacy	918,953	0	918,953	22,786.00	40.33	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	104,819	104,819	3,062.00	34.23	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/28/2018 8:12 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	25,639,437	0	25,639,437	722,091.00	35.51	1.00
2.00	Excluded area salaries (see instructions)	177,249	0	177,249	4,974.00	35.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,462,188	0	25,462,188	717,117.00	35.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,970,305	0	8,970,305	228,574.00	39.24	4.00
5.00	Subtotal wage-related costs (see inst.)	7,723,538	0	7,723,538	0.00	30.33	5.00
6.00	Total (sum of lines 3 thru 5)	42,156,031	0	42,156,031	945,691.00	44.58	6.00
7.00	Total overhead cost (see instructions)	7,959,550	0	7,959,550	218,722.00	36.39	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part IV
Date/Time Prepared:
11/28/2018 8:12 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,075,102	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)	777,804	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)	2,602,395	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	62,783	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	15,965	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)	86,950	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	313,251	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,801,339	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	27,536	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	80,655	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,843,780	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,053,629	6,843,780	1.00
2.00	Hospital	2,053,629	6,843,780	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/28/2018 8:12 am	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.165749	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			11,532,999	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			6,432,960	5.00
6.00	Medicaid charges			134,178,290	6.00
7.00	Medicaid cost (line 1 times line 6)			22,239,917	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			4,273,958	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			4,273,958	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,267,010	683,628	8,950,638	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,370,249	683,628	2,053,877	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,370,249	683,628	2,053,877	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,866,383	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			119,500	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			183,847	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,682,536	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,171,971	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,225,848	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,499,806	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet A Date/Time Prepared: 11/28/2018 8:12 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
			1.00	2.00	3.00	4.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,386,602	2,386,602	381,830	2,768,432	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,104,038	4,104,038	2.00	
3.00	00300	OTHER CAP REL COSTS		31,352	31,352	-31,352	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	-488,194	-488,194	4,400,360	3,912,166	4.00	
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01	
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03	
5.04	00570	ADMITTING	0	776	776	-776	0	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,804,588	19,736,687	21,541,275	-1,116,126	20,425,149	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	851,310	3,381,715	4,233,025	-721,921	3,511,104	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	48,739	260,423	309,162	-18,221	290,941	8.00	
9.00	00900	HOUSEKEEPING	638,784	508,886	1,147,670	-237,862	909,808	9.00	
10.00	01000	DIETARY	528,504	1,022,996	1,551,500	-1,288,312	263,188	10.00	
11.00	01100	CAFETERIA	0	0	0	1,072,456	1,072,456	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	663,341	239,170	902,511	-95,194	807,317	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	94,187	97,534	191,721	-53,019	138,702	14.00	
15.00	01500	PHARMACY	918,953	7,356,733	8,275,686	-7,121,490	1,154,196	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,557	56,557	0	56,557	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	114,575	114,575	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,504,962	0	2,504,962	0	2,504,962	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	728,772	2,541,221	3,269,993	-573,843	2,696,150	22.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	111,173	94,676	205,849	-42,380	163,469	23.00	
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,625,373	2,089,861	7,715,234	-2,030,055	5,685,179	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,531,253	780,093	2,311,346	-267,128	2,044,218	31.00	
32.02	03202	SURGICAL HEART UNIT	568,164	385,339	953,503	-166,483	787,020	32.02	
43.00	04300	NURSERY	418,656	451,082	869,738	-68,068	801,670	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,707,863	5,751,406	7,459,269	-4,360,857	3,098,412	50.00	
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01	
50.02	03340	GASTRO INTESTINAL SERVICES	260,058	311,107	571,165	-241,935	329,230	50.02	
50.03	05002	WOUND CARE CENTER	65,224	342,275	407,499	-26,976	380,523	50.03	
51.00	05100	RECOVERY ROOM	895,053	253,083	1,148,136	-147,653	1,000,483	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	758,065	758,065	52.00	
53.00	05300	ANESTHESIOLOGY	58,378	888,284	946,662	-59,318	887,344	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,275,376	834,501	2,109,877	-634,000	1,475,877	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	157,601	306,721	464,322	-65,006	399,316	55.00	
56.00	05600	RADIOISOTOPE	97,190	106,705	203,895	-23,968	179,927	56.00	
58.00	05800	MRI	120,861	193,986	314,847	-177,150	137,697	58.00	
59.00	05900	CARDIAC CATHETERIZATION	274,660	1,053,131	1,327,791	-1,049,986	277,805	59.00	
60.00	06000	LABORATORY	0	3,793,895	3,793,895	-47,521	3,746,374	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	411,830	411,830	-381	411,449	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
64.00	06400	INTRAVENOUS THERAPY	632,719	396,230	1,028,949	-154,140	874,809	64.00	
65.00	06500	RESPIRATORY THERAPY	542,291	297,709	840,000	-184,647	655,353	65.00	
66.00	06600	PHYSICAL THERAPY	726,049	179,601	905,650	-102,230	803,420	66.00	
69.00	06900	ELECTROCARDIOLOGY	312,542	86,237	398,779	-54,003	344,776	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	24,231	7,887	32,118	-6,040	26,078	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,322,829	2,322,829	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,801,456	2,801,456	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,412,708	7,412,708	73.00	
73.02	07302	INPT RENAL DIALYSIS	0	316,934	316,934	-2,117	314,817	73.02	
76.97	07697	CARDIAC REHABILITATION	52,113	15,136	67,249	-6,317	60,932	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	344,160	300,178	644,338	-108,766	535,572	90.01	
91.00	09100	EMERGENCY	1,683,408	2,933,171	4,616,579	-356,101	4,260,478	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet A Date/Time Prepared: 11/28/2018 8:12 am	
Cost Center Description					Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
					1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE				1,698,965	1,698,965	-1,698,965	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)			26,266,536	61,412,481	87,679,017	28,010	87,707,027	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	0	0	190.00
190.01	19001	POB RX			0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE			0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER			0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	14,181	14,181	-174	14,007	192.00
192.02	19202	OUTREACH TRANSPORTATION			0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER			0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER			0	0	0	0	0	192.04
192.05	19205	OTHER NRCC			66,076	1,154,336	1,220,412	-27,836	1,192,576	192.05
192.06	19206	ASBURY STREET SNF			0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)			26,332,612	62,580,998	88,913,610	0	88,913,610	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-907,303	1,861,129	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,653	4,106,691	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	103,933	4,016,099	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-127,014	-127,014	5.03
5.04	00570	ADMITTING	802,892	802,892	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,426,108	1,426,108	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5,035,406	25,460,555	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-10,957	3,500,147	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	290,941	8.00
9.00	00900	HOUSEKEEPING	-676	909,132	9.00
10.00	01000	DIETARY	0	263,188	10.00
11.00	01100	CAFETERIA	-429,106	643,350	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-95	807,222	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	356,474	495,176	14.00
15.00	01500	PHARMACY	-137	1,154,059	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	734,797	791,354	16.00
17.00	01700	SOCIAL SERVICE	0	114,575	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,504,962	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,696,150	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-42,144	121,325	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-76	5,685,103	30.00
31.00	03100	INTENSIVE CARE UNIT	-88,051	1,956,167	31.00
32.02	03202	SURGICAL HEART UNIT	-87,051	699,969	32.02
43.00	04300	NURSERY	-348,085	453,585	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-28	3,098,384	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	329,230	50.02
50.03	05002	WOUND CARE CENTER	0	380,523	50.03
51.00	05100	RECOVERY ROOM	0	1,000,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-264	757,801	52.00
53.00	05300	ANESTHESIOLOGY	-643,531	243,813	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,799	1,464,078	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-146,105	253,211	55.00
56.00	05600	RADIOISOTOPE	-4,400	175,527	56.00
58.00	05800	MRI	0	137,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	-25	277,780	59.00
60.00	06000	LABORATORY	24,116	3,770,490	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	411,449	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	874,809	64.00
65.00	06500	RESPIRATORY THERAPY	0	655,353	65.00
66.00	06600	PHYSICAL THERAPY	0	803,420	66.00
69.00	06900	ELECTROCARDIOLOGY	-42,751	302,025	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,322,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,801,456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,412,708	73.00
73.02	07302	INPT RENAL DIALYSIS	0	314,817	73.02
76.97	07697	CARDIAC REHABILITATION	-3,540	57,392	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	535,572	90.01
91.00	09100	EMERGENCY	-1,757,806	2,502,672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,835,435	91,542,462	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,007	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	-39,132	1,153,444	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	3,796,303	92,709,913	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet Non-CMS W
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02	DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMITTING	00570	ADMITTING	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00591		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMEDICAL EDUCATION PROGRAM	02300		23.00
23.01	RADIOLOGY SCHOOL	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.02	SURGICAL HEART UNIT	03202		32.02
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	AMBULATORY PRE/POST OP	05001		50.01
50.02	GASTRO INTESTINAL SERVICES	03340	GASTRO INTESTINAL SERVICES	50.02
50.03	WOUND CARE CENTER	05002		50.03
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250		62.30
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
73.02	INPT RENAL DIALYSIS	07302		73.02
76.97	CARDIAC REHABILITATION	07697		76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698		76.98
76.99	LITHOTRIPSY	07699		76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	OPD	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	09920		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	09930		99.30

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet Non-CMS W
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	09940		99.40
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	POB RX	19001		190.01
190.02	MOBILE MEDICAL CARE	19002		190.02
190.03	ARTHRITIS CENTER	19003		190.03
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.02	OUTREACH TRANSPORTATION	19202		192.02
192.03	SAINT FRANCIS HEALTH CENTER	19203		192.03
192.04	WOMENS HEALTH CENTER	19204		192.04
192.05	OTHER NRCC	19205		192.05
192.06	ASBURY STREET SNF	19206		192.06
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-6
Date/Time Prepared:
11/28/2018 8:12 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,698,965		1.00
	TOTALS		0	1,698,965		
	B - ALLOCATED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,400,360		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
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
	TOTALS		0	4,400,360		
	C - SOCIOAL SERVICE					
1.00	SOCIAL SERVICE	17.00	104,819	9,756		1.00
	TOTALS		104,819	9,756		
	D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,801,456		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	2,801,456		
	E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,412,708		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	TOTALS		0	7,412,708		
	F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,322,829		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 8:12 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	2,322,829	
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	664,404	93,661	1.00
	TOTALS		664,404	93,661	
H - CAFETERIA					
1.00	CAFETERIA	11.00	432,475	639,981	1.00
	TOTALS		432,475	639,981	
I - ALLOCATED DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,760,127	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
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
	TOTALS		0	2,760,127	
J - OFFSITE FACILITIES BLDG DEPRECIATIO					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,090	1.00
2.00	OTHER NRCC	192.05	0	3,486	2.00
	TOTALS		0	4,576	
K - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,093,840	1.00
	TOTALS		0	4,093,840	
500.00	Grand Total: Increases		1,201,698	26,238,259	500.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 8:12 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,698,965	11		1.00
	TOTALS		0	1,698,965			
	B - ALLOCATED BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	233,195	0		1.00
2.00	OPERATION OF PLANT	7.00	0	202,862	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	18,221	0		3.00
4.00	HOUSEKEEPING	9.00	0	236,562	0		4.00
5.00	DIETARY	10.00	0	202,445	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	73,221	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,226	0		7.00
8.00	PHARMACY	15.00	0	124,803	0		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	561,632	0		9.00
10.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	16,986	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	970,574	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	213,337	0		12.00
13.00	SURGICAL HEART UNIT	32.02	0	80,529	0		13.00
14.00	NURSERY	43.00	0	45,154	0		14.00
15.00	OPERATING ROOM	50.00	0	231,167	0		15.00
16.00	GASTRO INTESTINAL SERVICES	50.02	0	34,729	0		16.00
17.00	WOUND CARE CENTER	50.03	0	11,034	0		17.00
18.00	RECOVERY ROOM	51.00	0	125,749	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	14,187	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	186,607	0		20.00
21.00	MRI	58.00	0	17,051	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,499	0		22.00
23.00	RADIOISOTOPE	56.00	0	12,063	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	104,312	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	97,421	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	96,298	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	38,575	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	39,137	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	6,008	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,687	0		30.00
31.00	OPD	90.01	0	55,608	0		31.00
32.00	EMERGENCY	91.00	0	288,458	0		32.00
33.00	OTHER NRCC	192.05	0	10,023	0		33.00
	TOTALS		0	4,400,360			
	C - SOCOAL SERVICE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	104,819	9,756	0		1.00
	TOTALS		104,819	9,756			
	D - CHARGEABLE IMPLANTS						
1.00	CARDIAC CATHETERIZATION	59.00	0	321,314	0		1.00
2.00	GASTRO INTESTINAL SERVICES	50.02	0	17,509	0		2.00
3.00	OPERATING ROOM	50.00	0	2,432,480	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,233	0		4.00
5.00	WOUND CARE CENTER	50.03	0	13,920	0		5.00
	TOTALS		0	2,801,456			
	E - CHARGEABLE DRUGS						
1.00	ADULTS & PEDIATRICS	30.00	0	78,464	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	130,611	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	893	0		3.00
4.00	GASTRO INTESTINAL SERVICES	50.02	0	2,073	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	29,892	0		5.00
6.00	INTRAVENOUS THERAPY	64.00	0	27,251	0		6.00
7.00	MRI	58.00	0	15,896	0		7.00
8.00	NURSERY	43.00	0	3,528	0		8.00
9.00	OPD	90.01	0	12	0		9.00
10.00	OPERATING ROOM	50.00	0	47,101	0		10.00
11.00	PHARMACY	15.00	0	6,982,122	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	81,725	0		12.00
13.00	RECOVERY ROOM	51.00	0	1,329	0		13.00
14.00	SURGICAL HEART UNIT	32.02	0	10,007	0		14.00
15.00	WOUND CARE CENTER	50.03	0	1,804	0		15.00
	TOTALS		0	7,412,708			
	F - CHARGEABLE SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	58,038	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	12,643	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	430,291	0		3.00
4.00	GASTRO INTESTINAL SERVICES	50.02	0	147,162	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-6
Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
5.00	INTENSIVE CARE UNIT	31.00	0	1,707	0		5.00
6.00	INTRAVENOUS THERAPY	64.00	0	902	0		6.00
7.00	NURSERY	43.00	0	5,543	0		7.00
8.00	OPD	90.01	0	13,595	0		8.00
9.00	OPERATING ROOM	50.00	0	1,484,124	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	278	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,602	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	64,944	0		12.00
	TOTALS		0	2,322,829			
G - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	664,404	93,661	0		1.00
	TOTALS		664,404	93,661			
H - CAFETERIA							
1.00	DIETARY	10.00	432,475	639,981	0		1.00
	TOTALS		432,475	639,981			
I - ALLOCATED DEPRECIATION							
1.00	ADMITTING	5.04	0	776	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	768,356	9		2.00
3.00	OPERATION OF PLANT	7.00	0	519,059	9		3.00
4.00	HOUSEKEEPING	9.00	0	1,300	9		4.00
5.00	DIETARY	10.00	0	13,411	9		5.00
6.00	NURSING ADMINISTRATION	13.00	0	21,973	9		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,793	9		7.00
8.00	PHARMACY	15.00	0	14,565	9		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	12,211	9		9.00
10.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	25,394	9		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	164,914	9		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	22,192	9		12.00
13.00	SURGICAL HEART UNIT	32.02	0	75,947	9		13.00
14.00	NURSERY	43.00	0	13,843	9		14.00
15.00	OPERATING ROOM	50.00	0	165,985	9		15.00
16.00	GASTRO INTESTINAL SERVICES	50.02	0	40,462	9		16.00
17.00	WOUND CARE CENTER	50.03	0	218	9		17.00
18.00	RECOVERY ROOM	51.00	0	20,575	9		18.00
19.00	ANESTHESIOLOGY	53.00	0	32,488	9		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	245,833	9		20.00
21.00	MRI	58.00	0	144,203	9		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	45,507	9		22.00
23.00	RADIOISOTOPE	56.00	0	11,905	9		23.00
24.00	LABORATORY	60.00	0	47,521	9		24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	381	9		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	21,675	9		26.00
27.00	RESPIRATORY THERAPY	65.00	0	22,282	9		27.00
28.00	PHYSICAL THERAPY	66.00	0	5,654	9		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	14,535	9		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	128,633	9		30.00
31.00	CARDIAC REHABILITATION	76.97	0	309	9		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,353	9		32.00
33.00	INPT RENAL DIALYSIS	73.02	0	2,117	9		33.00
34.00	OPD	90.01	0	39,551	9		34.00
35.00	EMERGENCY	91.00	0	67,643	9		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,264	9		36.00
37.00	OTHER NRCC	192.05	0	21,299	0		37.00
	TOTALS		0	2,760,127			
J - OFFSITE FACILITIES BLDG DEPRECIATIO							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,576	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	4,576			
K - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,093,840	9		1.00
	TOTALS		0	4,093,840			
500.00	Grand Total: Decreases		1,201,698	26,238,259			500.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/28/2018 8:12 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,698,965	INTEREST EXPENSE	113.00	0	1,698,965	1.00
	TOTALS		0	1,698,965	TOTALS		0	1,698,965	
B - ALLOCATED BENEFITS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,400,360	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	233,195	1.00
2.00		0.00	0		0 OPERATION OF PLANT	7.00	0	202,862	2.00
3.00		0.00	0		0 LAUNDRY & LINEN SERVICE	8.00	0	18,221	3.00
4.00		0.00	0		0 HOUSEKEEPING	9.00	0	236,562	4.00
5.00		0.00	0		0 DIETARY	10.00	0	202,445	5.00
6.00		0.00	0		0 NURSING	13.00	0	73,221	6.00
7.00		0.00	0		0 ADMINISTRATION				
					0 CENTRAL SERVICES & SUPPLY	14.00	0	29,226	7.00
8.00		0.00	0		0 PHARMACY	15.00	0	124,803	8.00
9.00		0.00	0		0 I&R SERVICES-OTHER	22.00	0	561,632	9.00
10.00		0.00	0		0 PRGM COSTS APPRV				
					0 PARAMEDICAL EDUCATION PROGRAM	23.00	0	16,986	10.00
11.00		0.00	0		0 ADULTS & PEDIATRICS	30.00	0	970,574	11.00
12.00		0.00	0		0 INTENSIVE CARE UNIT	31.00	0	213,337	12.00
13.00		0.00	0		0 SURGICAL HEART UNIT	32.02	0	80,529	13.00
14.00		0.00	0		0 NURSERY	43.00	0	45,154	14.00
15.00		0.00	0		0 OPERATING ROOM	50.00	0	231,167	15.00
16.00		0.00	0		0 GASTRO INTESTINAL SERVICES	50.02	0	34,729	16.00
17.00		0.00	0		0 WOUND CARE CENTER	50.03	0	11,034	17.00
18.00		0.00	0		0 RECOVERY ROOM	51.00	0	125,749	18.00
19.00		0.00	0		0 ANESTHESIOLOGY	53.00	0	14,187	19.00
20.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	186,607	20.00
21.00		0.00	0		0 MRI	58.00	0	17,051	21.00
22.00		0.00	0		0 RADIOLOGY-THERAPEUTIC	55.00	0	19,499	22.00
23.00		0.00	0		0 RADIOISOTOPE	56.00	0	12,063	23.00
24.00		0.00	0		0 INTRAVENOUS THERAPY	64.00	0	104,312	24.00
25.00		0.00	0		0 RESPIRATORY THERAPY	65.00	0	97,421	25.00
26.00		0.00	0		0 PHYSICAL THERAPY	66.00	0	96,298	26.00
27.00		0.00	0		0 ELECTROCARDIOLOGY	69.00	0	38,575	27.00
28.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	39,137	28.00
29.00		0.00	0		0 CARDIAC REHABILITATION	76.97	0	6,008	29.00
30.00		0.00	0		0 ELECTROENCEPHALOGRAPH Y	70.00	0	3,687	30.00
31.00		0.00	0		0 OPD	90.01	0	55,608	31.00
32.00		0.00	0		0 EMERGENCY	91.00	0	288,458	32.00
33.00		0.00	0		0 OTHER NRCC	192.05	0	10,923	33.00
	TOTALS		0	4,400,360	TOTALS		0	4,400,360	
C - SOCIOAL SERVICE									
1.00	SOCIAL SERVICE	17.00	104,819	9,756	OTHER ADMINISTRATIVE AND GENERAL	5.06	104,819	9,756	1.00
	TOTALS		104,819	9,756	TOTALS		104,819	9,756	
D - CHARGEABLE IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,801,456	CARDIAC CATHETERIZATION	59.00	0	321,314	1.00
2.00		0.00	0		0 GASTRO INTESTINAL SERVICES	50.02	0	17,509	2.00
3.00		0.00	0		0 OPERATING ROOM	50.00	0	2,432,480	3.00
4.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	16,233	4.00
5.00		0.00	0		0 WOUND CARE CENTER	50.03	0	13,920	5.00
	TOTALS		0	2,801,456	TOTALS		0	2,801,456	
E - CHARGEABLE DRUGS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,412,708	ADULTS & PEDIATRICS	30.00	0	78,464	1.00
2.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	130,611	2.00
3.00		0.00	0		0 ELECTROCARDIOLOGY	69.00	0	893	3.00
4.00		0.00	0		0 GASTRO INTESTINAL SERVICES	50.02	0	2,073	4.00
5.00		0.00	0		0 INTENSIVE CARE UNIT	31.00	0	29,892	5.00
6.00		0.00	0		0 INTRAVENOUS THERAPY	64.00	0	27,251	6.00
7.00		0.00	0		0 MRI	58.00	0	15,896	7.00
8.00		0.00	0		0 NURSERY	43.00	0	3,528	8.00
9.00		0.00	0		0 OPD	90.01	0	12	9.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/28/2018 8:12 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
10.00		0.00	0	0	0 OPERATING ROOM	50.00	0	47,101	10.00
11.00		0.00	0	0	0 PHARMACY	15.00	0	6,982,122	11.00
12.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	81,725	12.00
13.00		0.00	0	0	0 RECOVERY ROOM	51.00	0	1,329	13.00
14.00		0.00	0	0	0 SURGICAL HEART UNIT	32.02	0	10,007	14.00
15.00		0.00	0	0	0 WOUND CARE CENTER	50.03	0	1,804	15.00
	TOTALS			7,412,708	TOTALS			7,412,708	
F - CHARGEABLE SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,322,829	ADULTS & PEDIATRICS	30.00	0	58,038	1.00
2.00		0.00	0	0	0 ANESTHESIOLOGY	53.00	0	12,643	2.00
3.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	0	430,291	3.00
4.00		0.00	0	0	0 GASTRO INTESTINAL SERVICES	50.02	0	147,162	4.00
5.00		0.00	0	0	0 INTENSIVE CARE UNIT	31.00	0	1,707	5.00
6.00		0.00	0	0	0 INTRAVENOUS THERAPY	64.00	0	902	6.00
7.00		0.00	0	0	0 NURSERY	43.00	0	5,543	7.00
8.00		0.00	0	0	0 OPD	90.01	0	13,595	8.00
9.00		0.00	0	0	0 OPERATING ROOM	50.00	0	1,484,124	9.00
10.00		0.00	0	0	0 PHYSICAL THERAPY	66.00	0	278	10.00
11.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	103,602	11.00
12.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	0	64,944	12.00
	TOTALS		0	2,322,829	TOTALS		0	2,322,829	
G - LABOR & DELIVERY									
1.00	DELIVERY ROOM & LABOR ROOM	52.00	664,404	93,661	ADULTS & PEDIATRICS	30.00	664,404	93,661	1.00
	TOTALS		664,404	93,661	TOTALS		664,404	93,661	
H - CAFETERIA									
1.00	CAFETERIA	11.00	432,475	639,981	DIETARY	10.00	432,475	639,981	1.00
	TOTALS		432,475	639,981	TOTALS		432,475	639,981	
I - ALLOCATED DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,760,127	ADMITTING	5.04	0	776	1.00
2.00		0.00	0	0	0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	768,356	2.00
3.00		0.00	0	0	0 OPERATION OF PLANT	7.00	0	519,059	3.00
4.00		0.00	0	0	0 HOUSEKEEPING	9.00	0	1,300	4.00
5.00		0.00	0	0	0 DIETARY	10.00	0	13,411	5.00
6.00		0.00	0	0	0 NURSING ADMINISTRATION	13.00	0	21,973	6.00
7.00		0.00	0	0	0 CENTRAL SERVICES & SUPPLY	14.00	0	23,793	7.00
8.00		0.00	0	0	0 PHARMACY	15.00	0	14,565	8.00
9.00		0.00	0	0	0 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	12,211	9.00
10.00		0.00	0	0	0 PARAMEDICAL EDUCATION PROGRAM	23.00	0	25,394	10.00
11.00		0.00	0	0	0 ADULTS & PEDIATRICS	30.00	0	164,914	11.00
12.00		0.00	0	0	0 INTENSIVE CARE UNIT	31.00	0	22,192	12.00
13.00		0.00	0	0	0 SURGICAL HEART UNIT	32.02	0	75,947	13.00
14.00		0.00	0	0	0 NURSERY	43.00	0	13,843	14.00
15.00		0.00	0	0	0 OPERATING ROOM	50.00	0	165,985	15.00
16.00		0.00	0	0	0 GASTRO INTESTINAL SERVICES	50.02	0	40,462	16.00
17.00		0.00	0	0	0 WOUND CARE CENTER	50.03	0	218	17.00
18.00		0.00	0	0	0 RECOVERY ROOM	51.00	0	20,575	18.00
19.00		0.00	0	0	0 ANESTHESIOLOGY	53.00	0	32,488	19.00
20.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	245,833	20.00
21.00		0.00	0	0	0 MRI	58.00	0	144,203	21.00
22.00		0.00	0	0	0 RADIOLOGY-THERAPEUTIC	55.00	0	45,507	22.00
23.00		0.00	0	0	0 RADIOISOTOPE	56.00	0	11,905	23.00
24.00		0.00	0	0	0 LABORATORY	60.00	0	47,521	24.00
25.00		0.00	0	0	0 WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	381	25.00
26.00		0.00	0	0	0 INTRAVENOUS THERAPY	64.00	0	21,675	26.00
27.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	0	22,282	27.00
28.00		0.00	0	0	0 PHYSICAL THERAPY	66.00	0	5,654	28.00
29.00		0.00	0	0	0 ELECTROCARDIOLOGY	69.00	0	14,535	29.00
30.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	0	128,633	30.00
31.00		0.00	0	0	0 CARDIAC REHABILITATION	76.97	0	309	31.00
32.00		0.00	0	0	0 ELECTROENCEPHALOGRAPH Y	70.00	0	2,353	32.00

RECLASSIFICATIONS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/28/2018 8:12 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
33.00		0.00	0	0	0 INPT RENAL DIALYSIS	73.02	0	2,117	33.00
34.00		0.00	0	0	0 OPD	90.01	0	39,551	34.00
35.00		0.00	0	0	0 EMERGENCY	91.00	0	67,643	35.00
36.00		0.00	0	0	0 PHYSICIANS' PRIVATE OFFICES	192.00	0	1,264	36.00
37.00		0.00	0	0	0 OTHER NRCC	192.05	0	21,299	37.00
	TOTALS		0	2,760,127	TOTALS		0	2,760,127	
J - OFFSITE FACILITIES BLDG DEPRECIATIO									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,090	CAP REL COSTS-BLDG & FIXT	1.00	0	4,576	1.00
2.00	OTHER NRCC	192.05	0	3,486		0.00	0	0	2.00
	TOTALS		0	4,576	TOTALS		0	4,576	
K - EQUIPMENT DEPRECIATION									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,093,840	CAP REL COSTS-BLDG & FIXT	1.00	0	4,093,840	1.00
	TOTALS		0	4,093,840	TOTALS		0	4,093,840	
500.00	Grand Total: Increases		1,201,698	26,238,259	Grand Total: Decreases		1,201,698	26,238,259	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
11/28/2018 8:12 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	8,716,880	15,000,000	0	15,000,000	8,716,880	1.00	
2.00	Land Improvements	794,529	352,750	0	352,750	794,529	2.00	
3.00	Buildings and Fixtures	97,182,330	39,849,154	0	39,849,154	97,800,731	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	78,535,926	18,958,363	0	18,958,363	78,460,057	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	185,229,665	74,160,267	0	74,160,267	185,772,197	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	185,229,665	74,160,267	0	74,160,267	185,772,197	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,000,000	0					1.00
2.00	Land Improvements	352,750	0					2.00
3.00	Buildings and Fixtures	39,230,753	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	19,034,232	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	73,617,735	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	73,617,735	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,386,602	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,386,602	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,386,602				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,386,602				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	39,484,657	0	39,484,657	0.674734	21,154	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	19,034,232	0	19,034,232	0.325266	10,198	2.00
3.00	Total (sum of lines 1-2)	58,518,889	0	58,518,889	1.000000	31,352	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	21,154	141,010	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	10,198	4,096,493	0	2.00
3.00	Total (sum of lines 1-2)	0	0	31,352	4,237,503	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,698,965	21,154	0	0	1,861,129	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,198	0	0	4,106,691	2.00
3.00	Total (sum of lines 1-2)	1,698,965	31,352	0	0	5,967,820	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-8,135	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,162,862			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	7,659,007			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-339,800	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	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	-89,306	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-144,218	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	146,613	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	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	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	REFERENCE LAB REVENUE	B	0	LABORATORY	60.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
36.00	TAXES & ASSESSMENTS	A	-2,741	OPERATION OF PLANT	7.00	0	36.00
37.00	TAXES & ASSESSMENTS	A	-39,132	OTHER NRCC	192.05	0	37.00
38.00	TAXES & ASSESSMENTS	A	-28	OPERATING ROOM	50.00	0	38.00
39.00	TAXES & ASSESSMENTS	A	-28	EMERGENCY	91.00	0	39.00
41.02	EQUIP TRADE-IN CREDIT MEMO	B	-159,000	CAP REL COSTS-MVBLE EQUIP	2.00	9	41.02
41.03	SAVE THE DAY/COMMUNITY OUTREACH	A	298	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.03
41.04	MISC REVENUE	B	-1,128	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.04
41.06	MISC REVENUE	B	-81	OPERATION OF PLANT	7.00	0	41.06
41.08	MISC REVENUE	B	-676	HOUSEKEEPING	9.00	0	41.08
41.11	MISC REVENUE	B	-95	NURSING ADMINISTRATION	13.00	0	41.11
41.12	MISC REVENUE	B	-137	PHARMACY	15.00	0	41.12
41.13	MISC REVENUE	B	-42,144	PARAMEDICAL EDUCATION PROGRAM	23.00	0	41.13
41.15	MISC REVENUE	B	-76	ADULTS & PEDIATRICS	30.00	0	41.15
41.16	MISC REVENUE	B	-264	DELIVERY ROOM & LABOR ROOM	52.00	0	41.16
41.17	MISC REVENUE	B	-11,799	RADIOLOGY-DIAGNOSTIC	54.00	0	41.17
41.18	MISC REVENUE	B	-4,400	RADIOISOTOPE	56.00	0	41.18
41.19	MISC REVENUE	B	-25	CARDIAC CATHETERIZATION	59.00	0	41.19
41.20	MISC REVENUE	B	-3,540	CARDIAC REHABILITATION	76.97	0	41.20
41.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.21
41.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.22
41.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.23
41.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.24
41.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.25
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		3,796,303				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: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 8:12 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	15,258,508	10,216,984	1.00
2.00	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE COSTS	-127,014	0	2.00
3.00	5.04	ADMITTING	HOME OFFICE COSTS	802,892	0	3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COSTS	1,426,108	0	3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COSTS	356,474	0	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	103,933	0	3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COSTS	-763,085	0	3.04
3.05	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COSTS	15,040	0	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COSTS	734,797	0	3.06
4.00	60.00	LABORATORY	ALVERNO LAB COSTS	3,642,906	3,574,568	4.00
4.01	0.00			0	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,450,559	13,791,552	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	
1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		100.00	PRESENCE HEALTH	100.00	6.00
7.00	C		66.00	ALVERNO LAB	100.00	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: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 8:12 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5,041,524	0		1.00
2.00	-127,014	0		2.00
3.00	802,892	0		3.00
3.01	1,426,108	0		3.01
3.02	356,474	0		3.02
3.03	103,933	0		3.03
3.04	-763,085	9		3.04
3.05	15,040	9		3.05
3.06	734,797	0		3.06
4.00	68,338	0		4.00
4.01	0	0		4.01
5.00	7,659,007			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	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		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: 14-0080

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2018 8:12 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	88,051	88,051	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	87,051	87,051	0	0	0	2.00
3.00	43.00	NURSERY	348,085	348,085	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	5,288	5,288	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	643,531	643,531	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	146,105	146,105	0	0	0	6.00
7.00	60.00	LABORATORY	44,222	44,222	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	42,751	42,751	0	0	0	8.00
9.00	91.00	EMERGENCY	1,757,778	1,757,778	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,162,862	3,162,862	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	31.00	INTENSIVE CARE UNIT	0	0	0	88,051		1.00
2.00	32.02	SURGICAL HEART UNIT	0	0	0	87,051		2.00
3.00	43.00	NURSERY	0	0	0	348,085		3.00
4.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	5,288		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	643,531		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	146,105		6.00
7.00	60.00	LABORATORY	0	0	0	44,222		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	42,751		8.00
9.00	91.00	EMERGENCY	0	0	0	1,757,778		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	3,162,862		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,861,129	1,861,129			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,106,691		4,106,691		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,016,099	8,074	0	4,024,173	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-127,014	0	0	0	5.03
5.04	00570	ADMITTING	802,892	5,848	777	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,426,108	30,151	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	25,460,555	181,178	2,609,109	259,760	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,500,147	27,671	171,309	130,098	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	290,941	0	0	7,448	8.00
9.00	00900	HOUSEKEEPING	909,132	89,641	1,304	97,620	9.00
10.00	01000	DIETARY	263,188	15,183	2,444	14,675	10.00
11.00	01100	CAFETERIA	643,350	68,390	11,001	66,091	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	807,222	13,052	22,042	101,372	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	495,176	79,799	23,868	14,394	14.00
15.00	01500	PHARMACY	1,154,059	14,161	14,318	140,435	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	791,354	22,526	0	0	16.00
17.00	01700	SOCIAL SERVICE	114,575	9,287	0	16,019	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,504,962	0	0	382,811	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,696,150	85,919	11,008	111,372	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	121,325	5,293	1,809	16,990	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,685,103	434,415	75,606	758,137	30.00
31.00	03100	INTENSIVE CARE UNIT	1,956,167	40,982	22,262	234,008	31.00
32.02	03202	SURGICAL HEART UNIT	699,969	39,849	48,285	86,827	32.02
43.00	04300	NURSERY	453,585	5,179	13,886	63,979	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,098,384	92,607	166,409	260,997	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	329,230	11,944	40,589	39,742	50.02
50.03	05002	WOUND CARE CENTER	380,523	0	219	9,968	50.03
51.00	05100	RECOVERY ROOM	1,000,483	59,800	20,640	136,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	757,801	30,117	15,060	101,535	52.00
53.00	05300	ANESTHESIOLOGY	243,813	3,789	32,590	8,921	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,078	91,002	241,411	194,904	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	253,211	34,116	39,217	24,085	55.00
56.00	05600	RADIOISOTOPE	175,527	14,786	11,942	14,853	56.00
58.00	05800	MRI	137,697	23,864	144,656	18,470	58.00
59.00	05900	CARDIAC CATHETERIZATION	277,780	36,734	129,037	41,974	59.00
60.00	06000	LABORATORY	3,770,490	78,552	47,670	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	411,449	3,497	382	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	874,809	16,172	11,182	96,693	64.00
65.00	06500	RESPIRATORY THERAPY	655,353	16,148	22,352	82,873	65.00
66.00	06600	PHYSICAL THERAPY	803,420	21,551	2,149	110,956	66.00
69.00	06900	ELECTROCARDIOLOGY	302,025	18,991	14,581	47,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,078	3,526	2,360	3,703	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,322,829	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,801,456	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,412,708	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	314,817	2,126	2,124	0	73.02
76.97	07697	CARDIAC REHABILITATION	57,392	10,702	247	7,964	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	535,572	4,849	39,675	52,595	90.01
91.00	09100	EMERGENCY	2,502,672	46,571	89,810	257,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,542,462	1,798,042	4,103,330	4,014,075	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,082	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,007	0	175	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	1,153,444	54,005	3,186	10,098	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	92,709,913	1,861,129	4,106,691	4,024,173	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-127,014				5.03
5.04	00570	ADMITTING	0	0	809,517			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,456,259		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	28,510,602	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	3,829,225	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	298,389	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,097,697	9.00
10.00	01000	DIETARY	0	0	0	0	295,490	10.00
11.00	01100	CAFETERIA	0	0	0	0	788,832	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	943,688	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	613,237	14.00
15.00	01500	PHARMACY	0	0	0	0	1,322,973	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	813,880	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	139,881	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,887,773	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,904,449	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	145,417	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	85,763	154,268	7,193,292	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	19,279	34,678	2,307,376	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	8,075	14,525	897,530	32.02
43.00	04300	NURSERY	0	0	9,949	17,895	564,473	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	72,551	130,504	3,821,452	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	11,789	21,206	454,500	50.02
50.03	05002	WOUND CARE CENTER	0	0	3,098	5,573	399,381	50.03
51.00	05100	RECOVERY ROOM	0	0	17,890	32,180	1,267,776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,605	13,680	925,798	52.00
53.00	05300	ANESTHESIOLOGY	0	0	17,326	31,165	337,604	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	61,635	110,867	2,163,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	6,509	11,708	368,846	55.00
56.00	05600	RADIOISOTOPE	0	0	5,870	10,560	233,538	56.00
58.00	05800	MRI	0	0	8,056	14,492	347,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	20,404	36,702	542,631	59.00
60.00	06000	LABORATORY	0	0	75,004	134,916	4,106,632	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	3,881	6,981	426,190	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	3,169	5,700	1,007,725	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	30,381	54,648	861,755	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,433	16,968	964,477	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	24,876	44,747	452,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	556	1,000	37,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	33,188	59,698	2,415,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	26,149	47,036	2,874,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	171,858	309,252	7,893,818	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	2,765	4,974	326,806	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	244	440	76,989	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	10,146	18,250	661,087	90.01
91.00	09100	EMERGENCY	0	0	62,068	111,646	3,070,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	809,517	1,456,259	91,592,930	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	9,082	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,182	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	1,220,733	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	-127,014	0	0	-127,014	201.00
202.00		TOTAL (sum lines 118 through 201)	0	-127,014	809,517	1,456,259	92,709,913	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
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Cost Center Description			OTHER ADMINISTRATIVE AND 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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	28,510,602					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,697,181	0	5,526,406			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	132,251	0	0	430,640		8.00
9.00	00900	HOUSEKEEPING	486,519	0	308,039	1,110	1,893,365	9.00
10.00	01000	DIETARY	130,966	0	52,174	0	21,558	10.00
11.00	01100	CAFETERIA	349,625	0	235,014	0	96,656	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	418,260	0	44,852	0	6,096	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	271,798	0	274,219	1,302	4,859	14.00
15.00	01500	PHARMACY	586,365	0	48,661	0	7,598	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	360,726	0	77,408	0	12,104	16.00
17.00	01700	SOCIAL SERVICE	61,998	0	31,915	0	3,004	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,279,913	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,287,304	0	295,249	11,433	43,557	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	64,451	0	18,190	398	3,269	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,188,196	0	1,492,812	152,540	808,413	30.00
31.00	03100	INTENSIVE CARE UNIT	1,022,671	0	140,828	26,365	73,155	31.00
32.02	03202	SURGICAL HEART UNIT	397,801	0	136,937	13,231	115,387	32.02
43.00	04300	NURSERY	250,185	0	17,796	8,095	6,008	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,693,736	0	318,234	54,372	150,550	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	201,443	0	41,043	13,492	3,092	50.02
50.03	05002	WOUND CARE CENTER	177,013	0	0	7,181	0	50.03
51.00	05100	RECOVERY ROOM	561,901	0	205,496	8,308	34,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	410,330	0	103,495	6,622	41,260	52.00
53.00	05300	ANESTHESIOLOGY	149,632	0	13,019	0	3,976	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	959,078	0	312,718	25,984	84,464	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	163,479	0	117,236	1,662	33,308	55.00
56.00	05600	RADIOISOTOPE	103,508	0	50,812	2,004	12,104	56.00
58.00	05800	MRI	153,901	0	82,005	4,073	10,072	58.00
59.00	05900	CARDIAC CATHETERIZATION	240,504	0	126,233	9,031	58,577	59.00
60.00	06000	LABORATORY	1,820,133	0	269,934	979	21,469	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	188,895	0	12,017	0	707	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	446,642	0	55,573	961	33,308	64.00
65.00	06500	RESPIRATORY THERAPY	381,945	0	55,491	0	12,988	65.00
66.00	06600	PHYSICAL THERAPY	427,474	0	74,059	4,305	6,185	66.00
69.00	06900	ELECTROCARDIOLOGY	200,770	0	65,259	6,059	12,369	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,498	0	12,116	0	3,092	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,070,688	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,274,093	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,498,701	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	144,846	0	7,306	0	4,241	73.02
76.97	07697	CARDIAC REHABILITATION	34,123	0	36,775	28	3,092	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	293,006	0	16,664	9,824	6,008	90.01
91.00	09100	EMERGENCY	1,360,691	0	160,036	61,281	117,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,959,240	0	5,309,615	430,640	1,854,932	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
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Part I
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,025	0	31,209	0	3,004	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,286	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	541,051	0	185,582	0	35,429	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	28,510,602	0	5,526,406	430,640	1,893,365	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	500,188					10.00
11.00	01100	CAFETERIA	0	1,470,127				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	30,506	0	1,443,402		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44,712	0	0	1,210,127	14.00
15.00	01500	PHARMACY	0	51,232	0	0	7,049	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	360	16.00
17.00	01700	SOCIAL SERVICE	0	6,753	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	192,819	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	39,123	0	0	660	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	6,986	0	0	1,366	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	413,282	362,118	0	507,486	92,476	30.00
31.00	03100	INTENSIVE CARE UNIT	59,203	86,862	0	202,739	61,270	31.00
32.02	03202	SURGICAL HEART UNIT	27,703	33,999	0	75,868	19,887	32.02
43.00	04300	NURSERY	0	18,630	0	51,004	685	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	96,409	0	116,033	76,234	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	14,671	0	26,777	14,371	50.02
50.03	05002	WOUND CARE CENTER	0	4,425	0	6,375	7,994	50.03
51.00	05100	RECOVERY ROOM	0	50,068	0	98,819	5,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39,821	0	74,593	8,633	52.00
53.00	05300	ANESTHESIOLOGY	0	5,822	0	0	50,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,081	0	11,476	20,030	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,753	0	0	1,272	55.00
56.00	05600	RADIOISOTOPE	0	5,123	0	0	23,752	56.00
58.00	05800	MRI	0	6,986	0	0	174	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,835	0	18,489	13,367	59.00
60.00	06000	LABORATORY	0	0	0	0	34,294	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	19,096	0	50,366	18,108	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,753	0	0	19,331	65.00
66.00	06600	PHYSICAL THERAPY	0	39,821	0	0	2,388	66.00
69.00	06900	ELECTROCARDIOLOGY	0	16,301	0	0	1,685	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,630	0	0	115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	519,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	108,139	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	1,365	73.02
76.97	07697	CARDIAC REHABILITATION	0	2,562	0	7,013	269	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	23,287	0	7,013	15,473	90.01
91.00	09100	EMERGENCY	0	117,601	0	188,713	82,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	500,188	1,457,785	0	1,442,764	1,208,634	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	111	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	12,342	0	638	1,382	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	500,188	1,470,127	0	1,443,402	1,210,127	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,023,878					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,264,478				16.00
17.00	01700	SOCIAL SERVICE	0	0	243,551			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	2,057	0	0			23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2	133,926	181,008	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	30,106	20,653	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	12,610	21,627	0	0	32.02
43.00	04300	NURSERY	0	15,536	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	113,295	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	18,410	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	4,838	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	27,936	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,876	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,674	27,055	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,248	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17	10,164	0	0	0	55.00
56.00	05600	RADIOISOTOPE	41	9,167	0	0	0	56.00
58.00	05800	MRI	0	12,581	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	31,862	0	0	0	59.00
60.00	06000	LABORATORY	0	117,125	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,060	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	4,948	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	86	47,442	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,730	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	38,846	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	868	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	51,826	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,834	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,010,782	268,722	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	262	4,318	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	382	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	76	15,843	0	0	0	90.01
91.00	09100	EMERGENCY	0	96,924	20,263	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,019,997	1,264,478	243,551	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	3,881	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	2,023,878	1,264,478	243,551	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,360,505					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,581,775				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			242,134			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,647,110	1,730,692	0	0	17,903,353	30.00
31.00	03100	INTENSIVE CARE UNIT	346,823	364,422	0	0	4,742,473	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	1,752,580	32.02
43.00	04300	NURSERY	0	0	0	0	932,412	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	323,638	340,060	0	0	7,104,013	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	54,736	57,514	0	0	900,049	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	607,207	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	2,260,385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	263,404	276,770	0	0	2,162,602	52.00
53.00	05300	ANESTHESIOLOGY	76,727	80,620	0	0	751,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	426,657	448,307	0	0	4,625,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,454	6,781	0	0	715,972	55.00
56.00	05600	RADIOISOTOPE	30,117	31,645	0	0	501,811	56.00
58.00	05800	MRI	21,512	22,604	0	0	661,143	58.00
59.00	05900	CARDIAC CATHETERIZATION	141,741	148,933	0	0	1,347,203	59.00
60.00	06000	LABORATORY	69,795	73,337	0	0	6,513,698	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	633,869	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,636,727	64.00
65.00	06500	RESPIRATORY THERAPY	49,956	52,491	0	0	1,522,238	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,533,439	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	794,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	71,542	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,057,752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,189,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,780,162	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	489,144	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	161,233	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	33,463	35,161	0	0	1,116,905	90.01
91.00	09100	EMERGENCY	530,632	557,559	242,134	0	6,606,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,022,765	4,226,896	242,134	0	90,075,371	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	47,320	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	190,980	200,671	0	0	412,230	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	146,760	154,208	0	0	2,302,006	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-127,014	201.00
202.00		TOTAL (sum lines 118 through 201)	4,360,505	4,581,775	242,134	0	92,709,913	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-3,377,802	30.00
31.00	03100	INTENSIVE CARE UNIT	-711,245	31.00
32.02	03202	SURGICAL HEART UNIT	0	32.02
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-663,698	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	-112,250	50.02
50.03	05002	WOUND CARE CENTER	0	50.03
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-540,174	52.00
53.00	05300	ANESTHESIOLOGY	-157,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-874,964	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-13,235	55.00
56.00	05600	RADIOISOTOPE	-61,762	56.00
58.00	05800	MRI	-44,116	58.00
59.00	05900	CARDIAC CATHETERIZATION	-290,674	59.00
60.00	06000	LABORATORY	-143,132	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	-102,447	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	-68,624	90.01
91.00	09100	EMERGENCY	-1,088,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,249,661	81,825,710	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,320	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-391,651	20,579	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	-300,968	2,001,038	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-127,014	201.00
202.00		TOTAL (sum lines 118 through 201)	-8,942,280	83,767,633	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0080

Period:

From 01/01/2018
To 06/30/2018

Worksheet Non-CMS W

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	4	NON PT PHONES	5.01
5.02	DATA PROCESSING	5	TIME	5.02
5.03	PURCHASING RECEIVING AND STORES	6	SUPPLIES EXPENSE	5.03
5.04	ADMITTING	C	GROSS REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-1	ACCUM COST	5.06
6.00	MAINTENANCE & REPAIRS	7	(SQUARE FEET)	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	(POUNDS OF LAUNDRY)	8.00
9.00	HOUSEKEEPING	9	(HOURS OF SERVICE)	9.00
10.00	DIETARY	10	(MEALS SERVED)	10.00
11.00	CAFETERIA	11	FTES SERVED)	11.00
12.00	MAINTENANCE OF PERSONNEL	12	(NUMBER HOUSED)	12.00
13.00	NURSING ADMINISTRATION	13	(DIRECT NRSG FTES)	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	(COSTED REQUIS)	14.00
15.00	PHARMACY	15	(COSTED REQUIS)	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	16	(TIME SPENT)	17.00
19.00	NONPHYSICIAN ANESTHETISTS	17	(ASSIGNED TIME)	19.00
20.00	NURSING SCHOOL	18	(ASSIGNED TIME)	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	19	(ASSIGNED TIME)	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	19	(ASSIGNED TIME)	22.00
23.00	PARAMEDICAL EDUCATION PROGRAM	20	(ASSIGNED TIME)	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,074	0	8,074	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	5,848	777	6,625	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	30,151	0	30,151	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	19,075	181,178	2,609,109	2,809,362	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,387	27,671	171,309	201,367	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	180	89,641	1,304	91,125	9.00
10.00	01000	DIETARY	582	15,183	2,444	18,209	10.00
11.00	01100	CAFETERIA	2,618	68,390	11,001	82,009	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,716	13,052	22,042	39,810	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	67,136	79,799	23,868	170,803	14.00
15.00	01500	PHARMACY	49,904	14,161	14,318	78,383	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,526	0	22,526	16.00
17.00	01700	SOCIAL SERVICE	0	9,287	0	9,287	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,262	85,919	11,008	102,189	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	7,231	5,293	1,809	14,333	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,837	434,415	75,606	525,858	30.00
31.00	03100	INTENSIVE CARE UNIT	1,778	40,982	22,262	65,022	31.00
32.02	03202	SURGICAL HEART UNIT	2,906	39,849	48,285	91,040	32.02
43.00	04300	NURSERY	1,211	5,179	13,886	20,276	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	140,653	92,607	166,409	399,669	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	4,412	11,944	40,589	56,945	50.02
50.03	05002	WOUND CARE CENTER	40,124	0	219	40,343	50.03
51.00	05100	RECOVERY ROOM	5,348	59,800	20,640	85,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,561	30,117	15,060	46,738	52.00
53.00	05300	ANESTHESIOLOGY	0	3,789	32,590	36,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,160	91,002	241,411	337,573	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,104	34,116	39,217	74,437	55.00
56.00	05600	RADIOISOTOPE	45	14,786	11,942	26,773	56.00
58.00	05800	MRI	1,263	23,864	144,656	169,783	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,057	36,734	129,037	166,828	59.00
60.00	06000	LABORATORY	38,509	78,552	47,670	164,731	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	754	3,497	382	4,633	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	62,721	16,172	11,182	90,075	64.00
65.00	06500	RESPIRATORY THERAPY	6,006	16,148	22,352	44,506	65.00
66.00	06600	PHYSICAL THERAPY	1,699	21,551	2,149	25,399	66.00
69.00	06900	ELECTROCARDIOLOGY	4,569	18,991	14,581	38,141	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54	3,526	2,360	5,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	833	2,126	2,124	5,083	73.02
76.97	07697	CARDIAC REHABILITATION	45	10,702	247	10,994	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	74,236	4,849	39,675	118,760	90.01
91.00	09100	EMERGENCY	4,815	46,571	89,810	141,196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	575,791	1,798,042	4,103,330	6,477,163	8,054
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,082	0	9,082	0
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	175	175	0
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	0	54,005	3,186	57,191	20
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	575,791	1,861,129	4,106,691	6,543,611	8,074

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	6,625		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	30,151	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	680	3,190	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	153	717	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	64	300	32.02
43.00	04300	NURSERY	0	0	0	79	370	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	575	2,699	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	93	439	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	25	115	50.03
51.00	05100	RECOVERY ROOM	0	0	0	142	665	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	60	283	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	137	644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	489	2,293	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	52	242	55.00
56.00	05600	RADIOISOTOPE	0	0	0	47	218	56.00
58.00	05800	MRI	0	0	0	64	300	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	162	759	59.00
60.00	06000	LABORATORY	0	0	0	595	2,790	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	31	144	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	25	118	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	241	1,130	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	75	351	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	197	925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	263	1,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	207	973	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,569	6,433	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	22	103	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	2	9	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	80	377	90.01
91.00	09100	EMERGENCY	0	0	0	492	2,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	6,625	30,151	118.00

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	0	0	0	6,625	30,151	202.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL	2,809,884					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	167,268	0	368,896			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,034	0	0	13,049		8.00
9.00	00900	HOUSEKEEPING	47,950	0	20,562	34	159,867	9.00
10.00	01000	DIETARY	12,908	0	3,483	0	1,820	10.00
11.00	01100	CAFETERIA	34,458	0	15,688	0	8,161	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	41,222	0	2,994	0	515	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,787	0	18,305	39	410	14.00
15.00	01500	PHARMACY	57,790	0	3,248	0	642	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,552	0	5,167	0	1,022	16.00
17.00	01700	SOCIAL SERVICE	6,110	0	2,130	0	254	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	126,144	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	126,872	0	19,708	346	3,678	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	6,352	0	1,214	12	276	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	314,217	0	99,646	4,621	68,259	30.00
31.00	03100	INTENSIVE CARE UNIT	100,791	0	9,400	799	6,177	31.00
32.02	03202	SURGICAL HEART UNIT	39,206	0	9,141	401	9,743	32.02
43.00	04300	NURSERY	24,657	0	1,188	245	507	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	166,929	0	21,243	1,648	12,712	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	19,853	0	2,740	409	261	50.02
50.03	05002	WOUND CARE CENTER	17,446	0	0	218	0	50.03
51.00	05100	RECOVERY ROOM	55,379	0	13,717	252	2,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,441	0	6,908	201	3,484	52.00
53.00	05300	ANESTHESIOLOGY	14,747	0	869	0	336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,523	0	20,874	787	7,132	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,112	0	7,826	50	2,812	55.00
56.00	05600	RADIOISOTOPE	10,201	0	3,392	61	1,022	56.00
58.00	05800	MRI	15,168	0	5,474	123	850	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,703	0	8,426	274	4,946	59.00
60.00	06000	LABORATORY	179,386	0	18,019	30	1,813	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,617	0	802	0	60	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	44,019	0	3,710	29	2,812	64.00
65.00	06500	RESPIRATORY THERAPY	37,643	0	3,704	0	1,097	65.00
66.00	06600	PHYSICAL THERAPY	42,130	0	4,944	130	522	66.00
69.00	06900	ELECTROCARDIOLOGY	19,787	0	4,356	184	1,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,626	0	809	0	261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	105,523	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	125,570	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	344,801	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	14,276	0	488	0	358	73.02
76.97	07697	CARDIAC REHABILITATION	3,363	0	2,455	1	261	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	28,878	0	1,112	298	507	90.01
91.00	09100	EMERGENCY	134,105	0	10,683	1,857	9,944	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,755,544	0	354,425	13,049	156,622	118.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	397	0	2,083	0	254	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	619	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	53,324	0	12,388	0	2,991	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	2,809,884	0	368,896	13,049	159,867	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	36,449					10.00
11.00	01100	CAFETERIA	0	140,449				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,914	0	87,659		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,272	0	0	220,645	14.00
15.00	01500	PHARMACY	0	4,894	0	0	1,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	66	16.00
17.00	01700	SOCIAL SERVICE	0	645	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	18,421	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,738	0	0	120	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	667	0	0	249	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,116	34,598	0	30,819	16,861	30.00
31.00	03100	INTENSIVE CARE UNIT	4,314	8,298	0	12,313	11,171	31.00
32.02	03202	SURGICAL HEART UNIT	2,019	3,248	0	4,608	3,626	32.02
43.00	04300	NURSERY	0	1,780	0	3,097	125	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,210	0	7,047	13,900	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	1,402	0	1,626	2,620	50.02
50.03	05002	WOUND CARE CENTER	0	423	0	387	1,458	50.03
51.00	05100	RECOVERY ROOM	0	4,783	0	6,001	993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,804	0	4,530	1,574	52.00
53.00	05300	ANESTHESIOLOGY	0	556	0	0	9,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,364	0	697	3,652	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	645	0	0	232	55.00
56.00	05600	RADIOISOTOPE	0	489	0	0	4,331	56.00
58.00	05800	MRI	0	667	0	0	32	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,513	0	1,123	2,437	59.00
60.00	06000	LABORATORY	0	0	0	0	6,253	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,824	0	3,059	3,302	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,893	0	0	3,525	65.00
66.00	06600	PHYSICAL THERAPY	0	3,804	0	0	435	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,557	0	0	307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	156	0	0	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	94,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,717	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	249	73.02
76.97	07697	CARDIAC REHABILITATION	0	245	0	426	49	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	2,225	0	426	2,821	90.01
91.00	09100	EMERGENCY	0	11,235	0	11,461	15,064	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,449	139,270	0	87,620	220,373	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	20	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	1,179	0	39	252	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	36,449	140,449	0	87,659	220,645	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	146,524					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	64,333				16.00
17.00	01700	SOCIAL SERVICE	0	0	18,458			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	149	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,798	13,718			30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,528	1,565			31.00
32.02	03202	SURGICAL HEART UNIT	0	640	1,639			32.02
43.00	04300	NURSERY	0	789	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,751	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	935	0			50.02
50.03	05002	WOUND CARE CENTER	0	246	0			50.03
51.00	05100	RECOVERY ROOM	0	1,418	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	603	0			52.00
53.00	05300	ANESTHESIOLOGY	483	1,373	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,886	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	516	0			55.00
56.00	05600	RADIOISOTOPE	3	465	0			56.00
58.00	05800	MRI	0	639	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,617	0			59.00
60.00	06000	LABORATORY	0	5,945	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	308	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	251	0			64.00
65.00	06500	RESPIRATORY THERAPY	6	2,408	0			65.00
66.00	06600	PHYSICAL THERAPY	0	748	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,972	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,631	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,073	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,576	13,787	0			73.00
73.02	07302	INPT RENAL DIALYSIS	19	219	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	19	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	6	804	0			90.01
91.00	09100	EMERGENCY	0	4,920	1,536			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,243	64,333	18,458	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	281	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	146,524	64,333	18,458	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	145,334					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		256,875				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23,286			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					1,150,895	30.00
31.00	03100	INTENSIVE CARE UNIT					222,718	31.00
32.02	03202	SURGICAL HEART UNIT					165,849	32.02
43.00	04300	NURSERY					53,242	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					641,907	50.00
50.01	05001	AMBULATORY PRE/POST OP					0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES					87,403	50.02
50.03	05002	WOUND CARE CENTER					60,681	50.03
51.00	05100	RECOVERY ROOM					172,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					108,830	52.00
53.00	05300	ANESTHESIOLOGY					64,713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					480,662	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					102,973	55.00
56.00	05600	RADIOISOTOPE					47,032	56.00
58.00	05800	MRI					193,137	58.00
59.00	05900	CARDIAC CATHETERIZATION					211,872	59.00
60.00	06000	LABORATORY					379,562	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					24,595	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
64.00	06400	INTRAVENOUS THERAPY					149,418	64.00
65.00	06500	RESPIRATORY THERAPY					98,319	65.00
66.00	06600	PHYSICAL THERAPY					78,761	66.00
69.00	06900	ELECTROCARDIOLOGY					68,566	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					8,889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					204,378	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					128,823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					531,883	73.00
73.02	07302	INPT RENAL DIALYSIS					20,817	73.02
76.97	07697	CARDIAC REHABILITATION					17,840	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD					156,400	90.01
91.00	09100	EMERGENCY					345,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
			21.00	22.00					
			21.00	22.00	23.00	23.01	24.00		
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	5,977,821	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					11,816	190.00	
190.01	19001	POB RX					0	190.01	
190.02	19002	MOBILE MEDICAL CARE					0	190.02	
190.03	19003	ARTHRITIS CENTER					0	190.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES					814	192.00	
192.02	19202	OUTREACH TRANSPORTATION					0	192.02	
192.03	19203	SAINT FRANCIS HEALTH CENTER					0	192.03	
192.04	19204	WOMENS HEALTH CENTER					0	192.04	
192.05	19205	OTHER NRCC					127,665	192.05	
192.06	19206	ASBURY STREET SNF					0	192.06	
200.00		Cross Foot Adjustments	145,334	256,875	23,286	0	425,495	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	145,334	256,875	23,286	0	6,543,611	202.00	

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 1,150,895	30.00
31.00	03100	INTENSIVE CARE UNIT	0 222,718	31.00
32.02	03202	SURGICAL HEART UNIT	0 165,849	32.02
43.00	04300	NURSERY	0 53,242	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 641,907	50.00
50.01	05001	AMBULATORY PRE/POST OP	0 0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0 87,403	50.02
50.03	05002	WOUND CARE CENTER	0 60,681	50.03
51.00	05100	RECOVERY ROOM	0 172,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 108,830	52.00
53.00	05300	ANESTHESIOLOGY	0 64,713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 480,662	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 102,973	55.00
56.00	05600	RADIOISOTOPE	0 47,032	56.00
58.00	05800	MRI	0 193,137	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 211,872	59.00
60.00	06000	LABORATORY	0 379,562	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0 24,595	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0 0	62.30
64.00	06400	INTRAVENOUS THERAPY	0 149,418	64.00
65.00	06500	RESPIRATORY THERAPY	0 98,319	65.00
66.00	06600	PHYSICAL THERAPY	0 78,761	66.00
69.00	06900	ELECTROCARDIOLOGY	0 68,566	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 8,889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 204,378	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 128,823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 531,883	73.00
73.02	07302	INPT RENAL DIALYSIS	0 20,817	73.02
76.97	07697	CARDIAC REHABILITATION	0 17,840	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 0	76.98
76.99	07699	LITHOTRIPSY	0 0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	0 156,400	90.01
91.00	09100	EMERGENCY	0 345,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0 0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0 0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0 0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0 0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,977,821	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,816	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	814	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	0	127,665	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		Cross Foot Adjustments	0	425,495	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,543,611	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	389,560					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,093,839				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	0	26,332,612			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	1,224	775	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,311	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	37,923	2,600,945	1,699,769	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,792	170,773	851,310	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	48,739	0	0	8.00
9.00	00900	HOUSEKEEPING	18,763	1,300	638,784	0	0	9.00
10.00	01000	DIETARY	3,178	2,436	96,029	0	0	10.00
11.00	01100	CAFETERIA	14,315	10,967	432,475	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,732	21,973	663,341	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,703	23,793	94,187	0	0	14.00
15.00	01500	PHARMACY	2,964	14,273	918,953	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,715	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,944	0	104,819	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,504,962	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	10,974	728,772	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	1,108	1,803	111,173	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,929	75,369	4,960,969	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,578	22,192	1,531,253	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	8,341	48,134	568,164	0	0	32.02
43.00	04300	NURSERY	1,084	13,843	418,656	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,384	165,888	1,707,863	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,500	40,462	260,058	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	218	65,224	0	0	50.03
51.00	05100	RECOVERY ROOM	12,517	20,575	895,053	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,304	15,013	664,404	0	0	52.00
53.00	05300	ANESTHESIOLOGY	793	32,488	58,378	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,048	240,656	1,275,376	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,141	39,094	157,601	0	0	55.00
56.00	05600	RADIOISOTOPE	3,095	11,905	97,190	0	0	56.00
58.00	05800	MRI	4,995	144,203	120,861	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,689	128,633	274,660	0	0	59.00
60.00	06000	LABORATORY	16,442	47,521	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	381	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,385	11,147	632,719	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,380	22,282	542,291	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,511	2,142	726,049	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,975	14,535	312,542	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	738	2,353	24,231	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	445	2,117	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	2,240	246	52,113	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,015	39,551	344,160	0	0	90.01
91.00	09100	EMERGENCY	9,748	89,529	1,683,408	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	376,355	4,090,489	26,266,536	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	174	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	11,304	3,176	66,076	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	1,861,129	4,106,691	4,024,173	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.777516	1.003139	0.152821	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,074	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000307	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,393,203					5.03
5.04	00570	ADMITTING	0	493,671,254				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	493,671,254			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	10,967	0	0	-28,510,602	64,326,325	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	65,397	0	0	0	3,829,225	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	94,008	0	0	0	298,389	8.00
9.00	00900	HOUSEKEEPING	77,948	0	0	0	1,097,697	9.00
10.00	01000	DIETARY	14,533	0	0	0	295,490	10.00
11.00	01100	CAFETERIA	65,433	0	0	0	788,832	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	36,863	0	0	0	943,688	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	94,197	0	0	0	613,237	14.00
15.00	01500	PHARMACY	24,399	0	0	0	1,322,973	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,126	0	0	0	813,880	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	139,881	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,887,773	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,664	0	0	0	2,904,449	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	7,573	0	0	0	145,417	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	303,510	52,294,337	52,294,337	0	7,193,292	30.00
31.00	03100	INTENSIVE CARE UNIT	205,008	11,755,399	11,755,399	0	2,307,376	31.00
32.02	03202	SURGICAL HEART UNIT	65,951	4,923,783	4,923,783	0	897,530	32.02
43.00	04300	NURSERY	3,488	6,066,229	6,066,229	0	564,473	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	772,494	44,238,689	44,238,689	0	3,821,452	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	45,180	7,188,536	7,188,536	0	454,500	50.02
50.03	05002	WOUND CARE CENTER	25,295	1,889,028	1,889,028	0	399,381	50.03
51.00	05100	RECOVERY ROOM	17,604	10,908,345	10,908,345	0	1,267,776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,843	4,637,236	4,637,236	0	925,798	52.00
53.00	05300	ANESTHESIOLOGY	157,471	10,564,422	10,564,422	0	337,604	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,547	37,582,063	37,582,063	0	2,163,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,223	3,968,892	3,968,892	0	368,846	55.00
56.00	05600	RADIOISOTOPE	74,361	3,579,519	3,579,519	0	233,538	56.00
58.00	05800	MRI	646	4,912,436	4,912,436	0	347,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,702	12,441,352	12,441,352	0	542,631	59.00
60.00	06000	LABORATORY	107,367	45,734,093	45,734,093	0	4,106,632	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,366,412	2,366,412	0	426,190	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	58,390	1,932,187	1,932,187	0	1,007,725	64.00
65.00	06500	RESPIRATORY THERAPY	63,355	18,524,892	18,524,892	0	861,755	65.00
66.00	06600	PHYSICAL THERAPY	8,199	5,751,704	5,751,704	0	964,477	66.00
69.00	06900	ELECTROCARDIOLOGY	7,481	15,168,462	15,168,462	0	452,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	360	338,982	338,982	0	37,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,335,542	20,236,697	20,236,697	0	2,415,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,801,456	15,944,410	15,944,410	0	2,874,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	338,553	104,855,380	104,855,380	0	7,893,818	73.00
73.02	07302	INPT RENAL DIALYSIS	4,273	1,686,102	1,686,102	0	326,806	73.02
76.97	07697	CARDIAC REHABILITATION	4,980	149,045	149,045	0	76,989	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	49,256	6,186,360	6,186,360	0	661,087	90.01
91.00	09100	EMERGENCY	282,209	37,846,262	37,846,262	0	3,070,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,387,852	493,671,254	493,671,254	-28,510,602	63,082,328
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9,082	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	347	0	0	14,182	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	5,004	0	0	1,220,733	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
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)	-127,014	809,517	1,456,259	28,510,602	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001640	0.002950	0.443218	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	6,625	30,151	2,809,884	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000013	0.000061	0.043682	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	336,620				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	495,015			8.00
9.00	00900	HOUSEKEEPING	0	18,763	1,276	21,430		9.00
10.00	01000	DIETARY	0	3,178	0	244	43,477	10.00
11.00	01100	CAFETERIA	0	14,315	0	1,094	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	69	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	1,497	55	0	14.00
15.00	01500	PHARMACY	0	2,964	0	86	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	137	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,944	0	34	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,984	13,142	493	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	458	37	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	90,929	175,342	9,150	35,923	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,578	30,306	828	5,146	31.00
32.02	03202	SURGICAL HEART UNIT	0	8,341	15,209	1,306	2,408	32.02
43.00	04300	NURSERY	0	1,084	9,305	68	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,384	62,500	1,704	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,500	15,509	35	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	8,255	0	0	50.03
51.00	05100	RECOVERY ROOM	0	12,517	9,550	392	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	7,612	467	0	52.00
53.00	05300	ANESTHESIOLOGY	0	793	0	45	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	29,868	956	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	1,910	377	0	55.00
56.00	05600	RADIOISOTOPE	0	3,095	2,303	137	0	56.00
58.00	05800	MRI	0	4,995	4,682	114	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	10,381	663	0	59.00
60.00	06000	LABORATORY	0	16,442	1,125	243	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	8	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,385	1,105	377	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	147	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,511	4,949	70	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,975	6,965	140	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	35	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	445	0	48	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	2,240	32	35	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,015	11,292	68	0	90.01
91.00	09100	EMERGENCY	0	9,748	70,442	1,333	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	323,415	495,015	20,995	43,477	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	34	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	11,304	0	401	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	5,526,406	430,640	1,893,365	500,188	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	16.417343	0.869953	88.351143	11.504658	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	368,896	13,049	159,867	36,449	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.095883	0.026361	7.459963	0.838351	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			CAFETERIA (FTEs SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG FTEs))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	6,313					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	131	0	2,264			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	192	0	0	3,788,564		14.00
15.00	01500	PHARMACY	220	0	0	22,067	7,106,735	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,126	0	16.00
17.00	01700	SOCIAL SERVICE	29	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	828	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	168	0	0	2,067	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	30	0	0	4,277	7,222	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,555	0	796	289,516	8	30.00
31.00	03100	INTENSIVE CARE UNIT	373	0	318	191,818	0	31.00
32.02	03202	SURGICAL HEART UNIT	146	0	119	62,262	0	32.02
43.00	04300	NURSERY	80	0	80	2,144	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	414	0	182	238,666	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	63	0	42	44,991	0	50.02
50.03	05002	WOUND CARE CENTER	19	0	10	25,027	0	50.03
51.00	05100	RECOVERY ROOM	215	0	155	17,053	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	171	0	117	27,026	0	52.00
53.00	05300	ANESTHESIOLOGY	25	0	0	157,471	23,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	331	0	18	62,707	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29	0	0	3,981	59	55.00
56.00	05600	RADIOISOTOPE	22	0	0	74,360	144	56.00
58.00	05800	MRI	30	0	0	544	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	68	0	29	41,848	0	59.00
60.00	06000	LABORATORY	0	0	0	107,365	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	82	0	79	56,690	0	64.00
65.00	06500	RESPIRATORY THERAPY	175	0	0	60,519	301	65.00
66.00	06600	PHYSICAL THERAPY	171	0	0	7,477	0	66.00
69.00	06900	ELECTROCARDIOLOGY	70	0	0	5,274	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7	0	0	360	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,626,493	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	338,553	7,060,749	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	4,273	919	73.02
76.97	07697	CARDIAC REHABILITATION	11	0	11	842	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	100	0	11	48,441	268	90.01
91.00	09100	EMERGENCY	505	0	296	258,653	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		CAFETERIA (FTES SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG FTES))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,260	0	2,263	3,783,891	7,093,106
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	347	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	53	0	1	4,326	13,629
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
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)	1,470,127	0	1,443,402	1,210,127	2,023,878
203.00		Unit cost multiplier (Wkst. B, Part I)	232.872961	0.000000	637.545053	0.319416	0.284783
204.00		Cost to be allocated (per Wkst. B, Part II)	140,449	0	87,659	220,645	146,524
205.00		Unit cost multiplier (Wkst. B, Part II)	22.247584	0.000000	38.718640	0.058240	0.020618
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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	493,671,254					16.00
17.00	01700	SOCIAL SERVICE	0	10,000				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			18,243	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01	02301	RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,294,337	7,432	0	0	6,891	30.00
31.00	03100	INTENSIVE CARE UNIT	11,755,399	848	0	0	1,451	31.00
32.02	03202	SURGICAL HEART UNIT	4,923,783	888	0	0	0	32.02
43.00	04300	NURSERY	6,066,229	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,238,689	0	0	0	1,354	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	7,188,536	0	0	0	229	50.02
50.03	05002	WOUND CARE CENTER	1,889,028	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	10,908,345	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,637,236	0	0	0	1,102	52.00
53.00	05300	ANESTHESIOLOGY	10,564,422	0	0	0	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,582,063	0	0	0	1,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,968,892	0	0	0	27	55.00
56.00	05600	RADIOISOTOPE	3,579,519	0	0	0	126	56.00
58.00	05800	MRI	4,912,436	0	0	0	90	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,441,352	0	0	0	593	59.00
60.00	06000	LABORATORY	45,734,093	0	0	0	292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,366,412	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,932,187	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	18,524,892	0	0	0	209	65.00
66.00	06600	PHYSICAL THERAPY	5,751,704	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	15,168,462	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	338,982	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,236,697	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,944,410	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,855,380	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	1,686,102	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	149,045	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	6,186,360	0	0	0	140	90.01
91.00	09100	EMERGENCY	37,846,262	832	0	0	2,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	493,671,254	10,000	0	0	16,830	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	799	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	614	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	1,264,478	243,551	0	0	4,360,505	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002561	24.355100	0.000000	0.000000	239.023461	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	64,333	18,458	0	0	145,334	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000130	1.845800	0.000000	0.000000	7.966563	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	18,243			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01	02301	RADIOLOGY SCHOOL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,891	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,451	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,354	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	229	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,102	0	0	52.00
53.00	05300	ANESTHESIOLOGY	321	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,785	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27	0	0	55.00
56.00	05600	RADIOISOTOPE	126	0	0	56.00
58.00	05800	MRI	90	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	593	0	0	59.00
60.00	06000	LABORATORY	292	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	209	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	140	0	0	90.01
91.00	09100	EMERGENCY	2,220	1,000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet B-1
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00			
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,830	1,000	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	POB RX	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	799	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	192.04
192.05	19205	OTHER NRCC	614	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	192.06
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)	4,581,775	242,134	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	251.152497	242.134000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	256,875	23,286	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	14.080743	23.286000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/28/2018 8:12 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		Total Costs	
						RCE			
						Disallowance			
			1.00	2.00	3.00	4.00		5.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	14,525,551		14,525,551		0	14,525,551	30.00
31.00	03100	INTENSIVE CARE UNIT	4,031,228		4,031,228		0	4,031,228	31.00
32.02	03202	SURGICAL HEART UNIT	1,752,580		1,752,580		0	1,752,580	32.02
43.00	04300	NURSERY	932,412		932,412		0	932,412	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,440,315		6,440,315		0	6,440,315	50.00
50.01	05001	AMBULATORY PRE/POST OP	0		0		0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	787,799		787,799		0	787,799	50.02
50.03	05002	WOUND CARE CENTER	607,207		607,207		0	607,207	50.03
51.00	05100	RECOVERY ROOM	2,260,385		2,260,385		0	2,260,385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,622,428		1,622,428		0	1,622,428	52.00
53.00	05300	ANESTHESIOLOGY	594,081		594,081		0	594,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,750,976		3,750,976		0	3,750,976	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	702,737		702,737		0	702,737	55.00
56.00	05600	RADIOISOTOPE	440,049		440,049		0	440,049	56.00
58.00	05800	MRI	617,027		617,027		0	617,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,056,529		1,056,529		0	1,056,529	59.00
60.00	06000	LABORATORY	6,370,566		6,370,566		0	6,370,566	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	633,869		633,869		0	633,869	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0		0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,636,727		1,636,727		0	1,636,727	64.00
65.00	06500	RESPIRATORY THERAPY	1,419,791	0	1,419,791		0	1,419,791	65.00
66.00	06600	PHYSICAL THERAPY	1,533,439	0	1,533,439		0	1,533,439	66.00
69.00	06900	ELECTROCARDIOLOGY	794,272		794,272		0	794,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	71,542		71,542		0	71,542	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,057,752		4,057,752		0	4,057,752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,189,568		4,189,568		0	4,189,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,780,162		13,780,162		0	13,780,162	73.00
73.02	07302	INPT RENAL DIALYSIS	489,144		489,144		0	489,144	73.02
76.97	07697	CARDIAC REHABILITATION	161,233		161,233		0	161,233	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0		0	0	76.98
76.99	07699	LITHOTRIPSY	0		0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	1,048,281		1,048,281		0	1,048,281	90.01
91.00	09100	EMERGENCY	5,518,060		5,518,060		0	5,518,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,799,118		2,799,118			2,799,118	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0			0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0			0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0			0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0			0	99.40
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	84,624,828	0	84,624,828		0	84,624,828	200.00
201.00		Less Observation Beds	2,799,118		2,799,118			2,799,118	201.00
202.00		Total (see instructions)	81,825,710	0	81,825,710		0	81,825,710	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/28/2018 8:12 am		
					Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
			Inpatient	Outpatient	Total (col. 6 + col. 7)						
			6.00	7.00	8.00						
INPATIENT ROUTINE SERVICE COST CENTERS						9.00	10.00				
30.00	03000	ADULTS & PEDIATRICS	42,209,167		42,209,167			30.00			
31.00	03100	INTENSIVE CARE UNIT	11,755,399		11,755,399			31.00			
32.02	03202	SURGICAL HEART UNIT	4,923,783		4,923,783			32.02			
43.00	04300	NURSERY	6,066,229		6,066,229			43.00			
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	19,760,794	24,477,895	44,238,689	0.145581	0.000000	50.00			
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000	50.01			
50.02	03340	GASTRO INTESTINAL SERVICES	1,116,391	6,072,145	7,188,536	0.109591	0.000000	50.02			
50.03	05002	WOUND CARE CENTER	4,060	1,884,968	1,889,028	0.321439	0.000000	50.03			
51.00	05100	RECOVERY ROOM	3,256,509	7,651,836	10,908,345	0.207216	0.000000	51.00			
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,230,163	407,073	4,637,236	0.349870	0.000000	52.00			
53.00	05300	ANESTHESIOLOGY	4,207,687	6,356,735	10,564,422	0.056234	0.000000	53.00			
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,596,723	23,985,340	37,582,063	0.099808	0.000000	54.00			
55.00	05500	RADIOLOGY-THERAPEUTIC	178,754	3,790,138	3,968,892	0.177061	0.000000	55.00			
56.00	05600	RADIOISOTOPE	999,653	2,579,866	3,579,519	0.122935	0.000000	56.00			
58.00	05800	MRI	1,056,428	3,856,008	4,912,436	0.125605	0.000000	58.00			
59.00	05900	CARDIAC CATHETERIZATION	6,237,930	6,203,422	12,441,352	0.084921	0.000000	59.00			
60.00	06000	LABORATORY	25,334,911	20,399,182	45,734,093	0.139296	0.000000	60.00			
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,399,711	966,701	2,366,412	0.267861	0.000000	62.00			
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30			
64.00	06400	INTRAVENOUS THERAPY	4,894	1,927,293	1,932,187	0.847085	0.000000	64.00			
65.00	06500	RESPIRATORY THERAPY	14,229,103	4,295,789	18,524,892	0.076642	0.000000	65.00			
66.00	06600	PHYSICAL THERAPY	2,586,952	3,164,752	5,751,704	0.266606	0.000000	66.00			
69.00	06900	ELECTROCARDIOLOGY	6,639,218	8,529,244	15,168,462	0.052363	0.000000	69.00			
70.00	07000	ELECTROENCEPHALOGRAPHY	79,166	259,816	338,982	0.211050	0.000000	70.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,107,944	8,128,753	20,236,697	0.200515	0.000000	71.00			
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,332,685	6,611,725	15,944,410	0.262761	0.000000	72.00			
73.00	07300	DRUGS CHARGED TO PATIENTS	31,844,587	73,010,793	104,855,380	0.131421	0.000000	73.00			
73.02	07302	INPT RENAL DIALYSIS	1,556,322	129,780	1,686,102	0.290103	0.000000	73.02			
76.97	07697	CARDIAC REHABILITATION	0	149,045	149,045	1.081774	0.000000	76.97			
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98			
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99			
OUTPATIENT SERVICE COST CENTERS											
90.01	09001	OPD	13,843	6,172,517	6,186,360	0.169450	0.000000	90.01			
91.00	09100	EMERGENCY	9,461,592	28,384,670	37,846,262	0.145802	0.000000	91.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	985,364	9,099,806	10,085,170	0.277548	0.000000	92.00			
OTHER REIMBURSABLE COST CENTERS											
99.10	09910	CORF	0	0	0			99.10			
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20			
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30			
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40			
SPECIAL PURPOSE COST CENTERS											
113.00	11300	INTEREST EXPENSE						113.00			
200.00		Subtotal (see instructions)	235,175,962	258,495,292	493,671,254			200.00			
201.00		Less Observation Beds						201.00			
202.00		Total (see instructions)	235,175,962	258,495,292	493,671,254			202.00			

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 8:12 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.02	03202	SURGICAL HEART UNIT			32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145581		50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000		50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.109591		50.02
50.03	05002	WOUND CARE CENTER	0.321439		50.03
51.00	05100	RECOVERY ROOM	0.207216		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349870		52.00
53.00	05300	ANESTHESIOLOGY	0.056234		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099808		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.177061		55.00
56.00	05600	RADIOISOTOPE	0.122935		56.00
58.00	05800	MRI	0.125605		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084921		59.00
60.00	06000	LABORATORY	0.139296		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.267861		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
64.00	06400	INTRAVENOUS THERAPY	0.847085		64.00
65.00	06500	RESPIRATORY THERAPY	0.076642		65.00
66.00	06600	PHYSICAL THERAPY	0.266606		66.00
69.00	06900	ELECTROCARDIOLOGY	0.052363		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211050		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.200515		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262761		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131421		73.00
73.02	07302	INPT RENAL DIALYSIS	0.290103		73.02
76.97	07697	CARDIAC REHABILITATION	1.081774		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.169450		90.01
91.00	09100	EMERGENCY	0.145802		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.277548		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part I Date/Time Prepared: 11/28/2018 8:12 am	
				Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)			
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	1,150,895	0	1,150,895	13,539	85.01		30.00	
31.00	INTENSIVE CARE UNIT	222,718		222,718	1,945	114.51		31.00	
32.02	SURGICAL HEART UNIT	165,849		165,849	889	186.56		32.02	
43.00	NURSERY	53,242		53,242	1,042	51.10		43.00	
200.00	Total (lines 30 through 199)	1,592,704		1,592,704	17,415			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	4,409	374,809						
31.00	INTENSIVE CARE UNIT	783	89,661						
32.02	SURGICAL HEART UNIT	375	69,960						
43.00	NURSERY	0	0						
200.00	Total (lines 30 through 199)	5,567	534,430						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
11/28/2018 8:12 am

				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	641,907	44,238,689	0.014510	6,571,426	95,351	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	87,403	7,188,536	0.012159	450,445	5,477	50.02
50.03	05002	WOUND CARE CENTER	60,681	1,889,028	0.032123	3,688	118	50.03
51.00	05100	RECOVERY ROOM	172,337	10,908,345	0.015799	1,111,994	17,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,830	4,637,236	0.023469	0	0	52.00
53.00	05300	ANESTHESIOLOGY	64,713	10,564,422	0.006126	1,367,411	8,377	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	480,662	37,582,063	0.012790	5,502,951	70,383	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	102,973	3,968,892	0.025945	61,190	1,588	55.00
56.00	05600	RADIOISOTOPE	47,032	3,579,519	0.013139	408,480	5,367	56.00
58.00	05800	MRI	193,137	4,912,436	0.039316	380,162	14,946	58.00
59.00	05900	CARDIAC CATHETERIZATION	211,872	12,441,352	0.017030	2,190,461	37,304	59.00
60.00	06000	LABORATORY	379,562	45,734,093	0.008299	10,231,362	84,910	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,595	2,366,412	0.010393	516,350	5,366	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	149,418	1,932,187	0.077331	4,212	326	64.00
65.00	06500	RESPIRATORY THERAPY	98,319	18,524,892	0.005307	5,922,761	31,432	65.00
66.00	06600	PHYSICAL THERAPY	78,761	5,751,704	0.013694	1,183,719	16,210	66.00
69.00	06900	ELECTROCARDIOLOGY	68,566	15,168,462	0.004520	2,895,301	13,087	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,889	338,982	0.026223	33,302	873	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	204,378	20,236,697	0.010099	4,641,261	46,872	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	128,823	15,944,410	0.008080	3,955,073	31,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	531,883	104,855,380	0.005073	12,383,392	62,821	73.00
73.02	07302	INPT RENAL DIALYSIS	20,817	1,686,102	0.012346	768,768	9,491	73.02
76.97	07697	CARDIAC REHABILITATION	17,840	149,045	0.119695	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	156,400	6,186,360	0.025281	0	0	90.01
91.00	09100	EMERGENCY	345,319	37,846,262	0.009124	3,799,107	34,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	221,780	10,085,170	0.021991	445,712	9,802	92.00
200.00		Total (lines 50 through 199)	4,606,897	428,716,676		64,828,528	604,289	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/28/2018 8:12 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT		0	0	0	0	0	0	32.02
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	13,539	0.00	4,409	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	1,945	0.00	783	31.00	
32.02	03202	SURGICAL HEART UNIT			0	889	0.00	375	32.02	
43.00	04300	NURSERY			0	1,042	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	17,415		5,567	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
					9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0					30.00
31.00	03100	INTENSIVE CARE UNIT		0	0					31.00
32.02	03202	SURGICAL HEART UNIT		0	0					32.02
43.00	04300	NURSERY		0	0					43.00
200.00		Total (lines 30 through 199)		0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:12 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	242,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	242,134	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:12 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	44,238,689	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP		0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES		0	0	0	7,188,536	0.000000	50.02
50.03	05002	WOUND CARE CENTER		0	0	0	1,889,028	0.000000	50.03
51.00	05100	RECOVERY ROOM		0	0	0	10,908,345	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,637,236	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,564,422	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	37,582,063	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	3,968,892	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	3,579,519	0.000000	56.00
58.00	05800	MRI		0	0	0	4,912,436	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	12,441,352	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	45,734,093	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	2,366,412	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY		0	0	0	1,932,187	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	18,524,892	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	5,751,704	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	15,168,462	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	338,982	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	20,236,697	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	15,944,410	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	104,855,380	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS		0	0	0	1,686,102	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	149,045	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD		0	0	0	6,186,360	0.000000	90.01
91.00	09100	EMERGENCY		0	242,134	242,134	37,846,262	0.006398	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,085,170	0.000000	92.00
200.00		Total (lines 50 through 199)		0	242,134	242,134	428,716,676		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:12 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	6,571,426	0	5,362,068	0	50.00
50.01	05001	AMBULATORY PRE/POST OP		0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES		0.000000	450,445	0	1,709,746	0	50.02
50.03	05002	WOUND CARE CENTER		0.000000	3,688	0	637,923	0	50.03
51.00	05100	RECOVERY ROOM		0.000000	1,111,994	0	1,690,700	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,367,411	0	1,523,627	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	5,502,951	0	6,372,176	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	61,190	0	838,413	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	408,480	0	873,041	0	56.00
58.00	05800	MRI		0.000000	380,162	0	1,090,321	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	2,190,461	0	2,658,885	0	59.00
60.00	06000	LABORATORY		0.000000	10,231,362	0	4,345,274	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	516,350	0	456,176	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.000000	4,212	0	877,141	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	5,922,761	0	793,633	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,183,719	0	136,032	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	2,895,301	0	2,712,175	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	33,302	0	77,795	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	4,641,261	0	1,709,409	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	3,955,073	0	2,105,124	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	12,383,392	0	30,762,023	0	73.00
73.02	07302	INPT RENAL DIALYSIS		0.000000	768,768	0	103,824	0	73.02
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	79,843	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD		0.000000	0	0	541,538	0	90.01
91.00	09100	EMERGENCY		0.006398	3,799,107	24,307	4,100,809	26,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	445,712	0	2,795,586	0	92.00
200.00		Total (lines 50 through 199)			64,828,528	24,307	74,353,282	26,237	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:12 am				
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII		Hospital		PPS		
				21.00	24.00							
ANCILLARY SERVICE COST CENTERS												
50.00	05000	OPERATING ROOM	0	0								50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0								50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0								50.02
50.03	05002	WOUND CARE CENTER	0	0								50.03
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0								55.00
56.00	05600	RADIOISOTOPE	0	0								56.00
58.00	05800	MRI	0	0								58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0								59.00
60.00	06000	LABORATORY	0	0								60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0								62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0								62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0								69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0								70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0								71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0								72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0								73.00
73.02	07302	INPT RENAL DIALYSIS	0	0								73.02
76.97	07697	CARDIAC REHABILITATION	0	0								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0								76.98
76.99	07699	LITHOTRIPSY	0	0								76.99
OUTPATIENT SERVICE COST CENTERS												
90.01	09001	OPD	0	0								90.01
91.00	09100	EMERGENCY	0	0								91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0								92.00
200.00		Total (lines 50 through 199)	0	0								200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/28/2018 8:12 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.145581	5,362,068	0	0	780,615	50.00
50.01	05001	AMBULATORY PRE/POST OP		0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES		0.109591	1,709,746	0	0	187,373	50.02
50.03	05002	WOUND CARE CENTER		0.321439	637,923	0	0	205,053	50.03
51.00	05100	RECOVERY ROOM		0.207216	1,690,700	0	0	350,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.349870	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.056234	1,523,627	0	0	85,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.099808	6,372,176	0	0	635,994	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.177061	838,413	0	0	148,450	55.00
56.00	05600	RADIOISOTOPE		0.122935	873,041	0	0	107,327	56.00
58.00	05800	MRI		0.125605	1,090,321	0	0	136,950	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.084921	2,658,885	0	0	225,795	59.00
60.00	06000	LABORATORY		0.139296	4,345,274	0	0	605,279	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.267861	456,176	0	0	122,192	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.847085	877,141	0	0	743,013	64.00
65.00	06500	RESPIRATORY THERAPY		0.076642	793,633	0	0	60,826	65.00
66.00	06600	PHYSICAL THERAPY		0.266606	136,032	0	0	36,267	66.00
69.00	06900	ELECTROCARDIOLOGY		0.052363	2,712,175	0	0	142,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.211050	77,795	0	0	16,419	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.200515	1,709,409	0	0	342,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.262761	2,105,124	22,905	0	553,144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.131421	30,762,023	0	74,230	4,042,776	73.00
73.02	07302	INPT RENAL DIALYSIS		0.290103	103,824	0	0	30,120	73.02
76.97	07697	CARDIAC REHABILITATION		1.081774	79,843	0	0	86,372	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD		0.169450	541,538	0	0	91,764	90.01
91.00	09100	EMERGENCY		0.145802	4,100,809	0	0	597,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.277548	2,795,586	0	0	775,909	92.00
200.00		Subtotal (see instructions)			74,353,282	22,905	74,230	11,110,344	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)			74,353,282	22,905	74,230	11,110,344	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/28/2018 8:12 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0					50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0					50.02
50.03	05002	WOUND CARE CENTER	0	0					50.03
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,019	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,755					73.00
73.02	07302	INPT RENAL DIALYSIS	0	0					73.02
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	0	0					90.01
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	6,019	9,755					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	6,019	9,755					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 8:12 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,539	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,539	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.		10,660	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		270	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)		4,409	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)		14,525,551	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)		14,525,551	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		41,893,191	28.00
29.00	Private room charges (excluding swing-bed charges)		41,035,021	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		858,170	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.346728	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		3,849.44	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,178.41	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		671.03	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		232.66	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		2,480,156	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,045,395	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)		1,072.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,730,284	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)		4,730,284	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	4,031,228	1,945	2,072.61	783	1,622,854		43.00
44.00	CORONARY CARE UNIT							44.00
44.02	SURGICAL HEART UNIT	1,752,580	889	1,971.41	375	739,279		44.02
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)					9,151,782		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,244,199		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)					534,430		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					628,596		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,163,026		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,081,173		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)					2,609		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,072.87		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,799,118		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,150,895	14,525,551	0.079232	2,799,118	221,780	90.00
91.00	Nursing School cost	0	14,525,551	0.000000	2,799,118	0	91.00
92.00	Allied health cost	0	14,525,551	0.000000	2,799,118	0	92.00
93.00	All other Medical Education	0	14,525,551	0.000000	2,799,118	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 8:12 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,938,655	30.00
31.00	03100	INTENSIVE CARE UNIT		4,735,112	31.00
32.02	03202	SURGICAL HEART UNIT		2,086,112	32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145581	6,571,426	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.109591	450,445	50.02
50.03	05002	WOUND CARE CENTER	0.321439	3,688	50.03
51.00	05100	RECOVERY ROOM	0.207216	1,111,994	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349870	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056234	1,367,411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099808	5,502,951	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.177061	61,190	55.00
56.00	05600	RADIOISOTOPE	0.122935	408,480	56.00
58.00	05800	MRI	0.125605	380,162	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084921	2,190,461	59.00
60.00	06000	LABORATORY	0.139296	10,231,362	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.267861	516,350	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.847085	4,212	64.00
65.00	06500	RESPIRATORY THERAPY	0.076642	5,922,761	65.00
66.00	06600	PHYSICAL THERAPY	0.266606	1,183,719	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052363	2,895,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211050	33,302	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.200515	4,641,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262761	3,955,073	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131421	12,383,392	73.00
73.02	07302	INPT RENAL DIALYSIS	0.290103	768,768	73.02
76.97	07697	CARDIAC REHABILITATION	1.081774	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.169450	0	90.01
91.00	09100	EMERGENCY	0.145802	3,799,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.277548	445,712	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		64,828,528	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)		64,828,528	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 8:12 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,223,031		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		61,785		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		3,746,874		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		180.59		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)		100.42		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)		12.07		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)		9.31		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.		0.72		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).		-8.54		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)		93.92		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		97.70		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)		93.92		12.00
13.00	Total allowable FTE count for the prior year.		97.89		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.		96.12		14.00
15.00	Sum of lines 12 through 14 divided by 3.		95.98		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		95.98		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.531480		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.535569		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.531480		21.00
22.00	IME payment adjustment (see instructions)		3,109,136		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		953,081		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)		3.78		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)		3,109,136		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		953,081		29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.98		30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.90		31.00
32.00	Sum of lines 30 and 31		36.88		32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.64		33.00
34.00	Disproportionate share adjustment (see instructions)		600,151		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 8:12 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	0 35.00
35.01	Factor 3 (see instructions)		0.000282234	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,909,792	0 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		947,047	0 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		947,047	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		16,941,150	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)		17,894,231	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,500,596	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).		1,577,658	52.00
53.00	Nursing and Allied Health Managed Care payment		16,790	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)		24,307	58.00
59.00	Total (sum of amounts on lines 49 through 58)		21,013,582	59.00
60.00	Primary payer payments		11,270	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,002,312	61.00
62.00	Deductibles billed to program beneficiaries		1,126,364	62.00
63.00	Coinurance billed to program beneficiaries		66,330	63.00
64.00	Allowable bad debts (see instructions)		80,556	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		52,361	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		30,458	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,861,979	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-34,804	70.93
70.94	HRR adjustment amount (see instructions)		-215,126	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A
Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,612,049		71.00
71.01	Sequestration adjustment (see instructions)		392,241		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		19,348,842		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)		-129,034		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		335,475		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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	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

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0080

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

Worksheet DSH

Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII		Hospital		PPS	
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.98	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	28.90	0.00			28.90	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	36.88	0.00			28.90	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	180.59	0.00			180.59	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	19.64	0.00			13.06	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	7.98	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,002	0			1,002	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	347	0			347	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	2,978	0			2,978	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,327	0			4,327	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	14,806	0			14,806	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	166	0			166	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	14,972	0			14,972	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	28.90	0.00			28.90	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE				Provider CCN: 14-0080		Period: From 01/01/2018 To 06/30/2018		Worksheet DSH Date/Time Prepared: 11/28/2018 8:12 am	
				Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised			
		Condition	Percentage	Condition	Percentage	Condition			
		1.00	2.00	3.00	4.00	5.00			
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE									
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	19.64		0.00	True		28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False		29.00	
30.00	Line 28 or 29 as applicable		19.64		0.00			30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		19.64		0.00			31.00	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value			
		1.00	2.00	3.00	4.00	5.00			
DETERMINATION OF PROVIDER TYPE									
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False		32.00	
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False		33.00	
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False		34.00	
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False		35.00	
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban		36.00	

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0080

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

Worksheet DSH

Date/Time Prepared:
11/28/2018 8:12 am

Title XVIII

Hospital

PPS

		Revised		
		Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	13.06		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	13.06		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	13.06		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,223,031	0	12,223,031		12,223,031
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	61,785	0	61,785	0	61,785
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	3,746,874	0	3,746,874	0	3,746,874
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.531480	0.531480	0.531480	0.531480	
6.00	IME payment adjustment (see instructions)	22.00	3,109,136	0	3,109,136	0	3,109,136
6.01	IME payment adjustment for managed care (see instructions)	22.01	953,081	0	953,081	0	953,081
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,109,136	0	3,109,136	0	3,109,136
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	953,081	0	953,081	0	953,081
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1964	0.1964	0.1964	0.1964	
11.00	Disproportionate share adjustment (see instructions)	34.00	600,151	0	600,151	0	600,151
11.01	Uncompensated care payments	36.00	947,047	0	1,635,482	415,470	2,050,952
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	16,941,150	0	16,525,680	415,470	16,941,150
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,894,231	0	17,478,761	415,470	17,894,231
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,500,596	0	1,500,596	0	1,500,596
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	18,979,357	415,470	19,394,827
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	995,505	0	995,505	0	995,505
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	7,936	0	7,936	0	7,936
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.4218	0.4218	0.4218	0.4218	
23.00	Indirect medical education adjustment (see instructions)	6.00	419,904	0	419,904	0	419,904
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0776	0.0776	0.0776	0.0776	
25.00	Disproportionate share adjustment (see instructions)	11.00	77,251	0	77,251	0	77,251
26.00	Total prospective capital payments (see instructions)	12.00	1,500,596	0	1,500,596	0	1,500,596
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,223,031	12,223,031		12,223,031	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	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	61,785	61,785	0	61,785	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	3,746,874	3,746,874	0	3,746,874	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.531480	0.531480	0.531480		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,109,136	3,109,136	0	3,109,136	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	953,081	953,081	0	953,081	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	3,109,136	3,109,136	0	3,109,136	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	953,081	953,081	0	953,081	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1964	0.1964	0.1964		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	600,151	600,151	0	600,151	11.00
11.01	Uncompensated care payments	36.00	947,047	947,047	0	947,047	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	16,941,150	16,941,150	0	16,941,150	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	17,894,231	17,894,231	0	17,894,231	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,500,596	1,500,596	0	1,500,596	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			19,394,827	0	19,394,827	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	995,505	995,505	0	995,505	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	7,936	7,936	0	7,936	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	0.4218	0.4218	0.4218		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	419,904	419,904	0	419,904	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0776	0.0776	0.0776		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	77,251	77,251	0	77,251	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,500,596	1,500,596	0	1,500,596	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	-34,804	-34,804	0	-34,804	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	-215,126	-215,126	0	-215,126	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 8:12 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,774	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,084,107	2.00
3.00	OPPS payments		9,936,522	3.00
4.00	Outlier payment (see instructions)		162,672	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		26,237	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,774	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		97,135	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)		97,135	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		97,135	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		81,361	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)		15,774	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)		10,125,431	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,581	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,880,660	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)		8,255,964	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,080,515	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,336,479	30.00
31.00	Primary payer payments		8,392	31.00
32.00	Subtotal (line 30 minus line 31)		9,328,087	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)		103,291	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		67,139	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		15,410	36.00
37.00	Subtotal (see instructions)		9,395,226	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-110	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)		9,395,336	40.00
40.01	Sequestration adjustment (see instructions)		187,907	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,002,437	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		204,992	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 8:12 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,534,601		8,050,041	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		1,814,241		952,396	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		19,348,842		9,002,437	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		204,992	6.01
6.02	SETTLEMENT TO PROGRAM		129,034		0	6.02
7.00	Total Medicare program liability (see instructions)		19,219,808		9,207,429	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: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet E-1
Part II
Date/Time Prepared:
11/28/2018 8:12 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/28/2018 8:12 am	
		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.			49.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			5.99	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.53	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)			0.67	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))			-1.17	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)			48.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			48.45	6.00
7.00	Enter the lesser of line 5 or line 6			48.42	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.	29.50	18.91	48.41	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.	29.48	18.90	48.38	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	29.48	18.90		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	29.85	18.43		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	29.00	18.15		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	29.44	18.49		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	29.44	18.49		17.00
18.00	Per resident amount	110,050.24	104,207.87		18.00
19.00	Approved amount for resident costs	3,239,879	1,926,804	5,166,683	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)			0.03	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)			5,166,683	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	5,567	1,863		26.00
27.00	Total Inpatient Days (see instructions)	13,930	13,930		27.00
28.00	Ratio of inpatient days to total inpatient days	0.399641	0.133740		28.00
29.00	Program direct GME amount	2,064,818	690,992		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		97,637		30.00
31.00	Net Program direct GME amount			2,658,173	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/28/2018 8:12 am
		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)		0	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)		16,244,199	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)		11,270	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		16,232,929	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,126,118	42.00
43.00	Primary payer payments (see instructions)		8,392	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,117,726	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		27,350,655	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.593512	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.406488	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,658,173	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,577,658	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,080,515	50.00

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

Provider CCN: 14-0080

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

Worksheet G

Date/Time Prepared:

11/28/2018 8:12 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	27,532	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	124,160,007	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-95,416,228	0	0	0	6.00
7.00 Inventory	6,577,190	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	1,690,413	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	37,038,914	0	0	0	11.00
FIXED ASSETS					
12.00 Land	15,000,000	0	0	0	12.00
13.00 Land improvements	352,750	0	0	0	13.00
14.00 Accumulated depreciation	-12,550	0	0	0	14.00
15.00 Buildings	39,131,907	0	0	0	15.00
16.00 Accumulated depreciation	-548,949	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	19,133,077	0	0	0	23.00
24.00 Accumulated depreciation	-1,382,897	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)	71,673,338	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	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	0	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	108,712,252	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	1,035,345	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	652,533	0	0	0	43.00
44.00 Other current liabilities	16,128,052	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	17,815,930	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	0	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	17,815,930	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	90,896,322	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)	90,896,322	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	108,712,252	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0080

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

Worksheet G-1

Date/Time Prepared:
11/28/2018 8:12 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		95,099,818		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		769,738				2.00
3.00	Total (sum of line 1 and line 2)		95,869,556		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER FROM AFFILIATES	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		95,869,556		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	4,973,234		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)		4,973,234		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		90,896,322		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFER FROM AFFILIATES		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	TRANSFERS TO AFFILIATES		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: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2018 8:12 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	48,275,396		48,275,396	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	48,275,396		48,275,396	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,755,399		11,755,399	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	4,923,783		4,923,783	12.02
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)	16,679,182		16,679,182	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,954,578		64,954,578	17.00
18.00	Ancillary services	170,221,384	258,495,292	428,716,676	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	235,175,962	258,495,292	493,671,254	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		88,913,610		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	CHILD CARE CENTER EXPENSES	556,037			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)		556,037		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		88,357,573		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0080

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

Worksheet G-3

Date/Time Prepared:
11/28/2018 8:12 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	493,671,254	1.00
2.00	Less contractual allowances and discounts on patients' accounts	406,643,873	2.00
3.00	Net patient revenues (line 1 minus line 2)	87,027,381	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	88,357,573	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,330,192	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	60,156	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	8,135	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	339,800	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	89,306	21.00
22.00	Rental of hospital space	60,332	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHILD CARE CENTER	670,015	24.00
24.01	REFERENCE LAB	0	24.01
24.02	GRANTS	0	24.02
24.04	MISCELLANEOUS REVENUE	182,412	24.04
24.05	BLUE CROSS BONUS	463,970	24.05
24.07	INTEREST-3RD PARTY PAYMENTS	264,390	24.07
24.08	EMS REVENUE	42,144	24.08
24.09	340 B CONTRACT REVENUE	475,307	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.11	OTHER (SPECIFY)	0	24.11
25.00	Total other income (sum of lines 6-24)	2,655,967	25.00
26.00	Total (line 5 plus line 25)	1,325,775	26.00
27.00	CHILD CARE CENTER	556,037	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	556,037	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	769,738	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0080	Period: From 01/01/2018 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/28/2018 8:12 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		995,505	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		7,936	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)		76.96	3.00
4.00	Number of interns & residents (see instructions)		95.98	4.00
5.00	Indirect medical education percentage (see instructions)		42.18	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)		419,904	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.98	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.90	8.00
9.00	Sum of lines 7 and 8		36.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.76	10.00
11.00	Disproportionate share adjustment (see instructions)		77,251	11.00
12.00	Total prospective capital payments (see instructions)		1,500,596	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

ALL INCLUSIVE RATE DATA - METHOD E

Provider CCN: 14-0080

Period:
From 01/01/2018
To 06/30/2018Worksheet AIR
Not a CMS Worksheet
Date/Time Prepared:
11/28/2018 8:12 am

		1.00	
1.00	Total general inpatient routine service cost.	14,525,551	1.00
2.00	Total inpatient days.	14,806	2.00
3.00	Cost per day.	981.06	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).	0	4.00
5.00	Reduced cost per day.	0.00	5.00
6.00	Ancillary percentage.	0	6.00
7.00	Ancillary cost per day.	0.00	7.00
8.00	Inpatient Part B days.	0	8.00
9.00	Total Part B ancillary cost.	0	9.00