

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: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/26/2019 1:16 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 8/26/2019	Time: 1:16 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL OF CARBONDALE (14-0164) for the cost reporting period beginning 04/01/2018 and ending 03/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	289,357	-17,385	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
10.00	RURAL HEALTH CLINIC I	0		48,019		0	10.00
200.00	Total	0	289,357	30,634	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: 14-0164		Period: From 04/01/2018 To 03/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/26/2019 1:15 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 405 W. JACKSON STREET			PO Box:				1.00				
2.00	City: CARBONDALE			State: IL		Zip Code: 62901		County:				
		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			MEMORIAL HOSPITAL OF CARBONDALE	140164	16060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC			WEST FRANKFORT FAMILY MEDICINE	143454	99914		11/01/1999	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						04/01/2018	03/31/2019		20.00		
21.00	Type of Control (see instructions)						2			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		Y	22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,694	203	0	0	6,788	1,010	24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

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

Worksheet S-2
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

MCRIF32 - 15.7.166.1

MCRIF32 - 15.7.166.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/26/2019 1:15 pm	
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,751,160	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H124	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0164		Period: From 04/01/2018 To 03/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/26/2019 1:15 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 06101					
142.00	Street: 1239 E MAIN ST.	PO Box: 3988							
143.00	City: CARBONDALE	State: IL		Zip Code: 62902					
								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.								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	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								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)							N	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)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2018	12/31/2018	170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/26/2019 1:15 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/23/2019	Y
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)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0164		Period: From 04/01/2018 To 03/31/2019		Worksheet S-2 Part II Date/Time Prepared: 8/26/2019 1:15 pm	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
					1.00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00	
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00	
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00	
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	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.				Y	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.	LUANNE		WARREN		41.00	
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HEALTHCARE				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-467-5200		LUANNE.WARREN@SIH.NET		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

Health Financial Systems		MEMORIAL HOSPITAL OF CARBONDALE		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet S-2 Part IX Date/Time Prepared: 8/26/2019 1:15 pm	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00	
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00	
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00	
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01	
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00	
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00	
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00	
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00	
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00	
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	133	48,545	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)		133	48,545	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,665	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	13	4,745	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		167	60,955	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
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		167				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)		9	3,285			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: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,400	1,290	27,703			1.00
2.00	HMO and other (see instructions)	2,740	7,798				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,400	1,290	27,703			7.00
8.00	INTENSIVE CARE UNIT	3,178	394	6,077			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	428	1,543			12.00
13.00	NURSERY		634	2,909			13.00
14.00	Total (see instructions)	15,578	2,746	38,232	13.55	1,120.18	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			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	3,535	2,822	12,320	2.24	10.98	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)				15.79	1,131.16	27.00
28.00	Observation Bed Days		223	4,128			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)	18	151	1,944			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			515			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: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,873	603	10,482	1.00
2.00 HMO and other (see instructions)			699	2,209		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,873	603	10,482	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
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	68,711,656	0	68,711,656	2,352,812.07	29.20
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		328,573	0	328,573	6,401.79	51.33
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,034,622	0	1,034,622	37,920.00	27.28
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,675,720	0	2,675,720	40,939.21	65.36
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		375,555	0	375,555	1,946.00	192.99
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,472,821	0	11,472,821	342,632.96	33.48
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,523,499	0	14,523,499		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		0	0	0		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		71,290	0	71,290		
24.00	Wage-related costs (RHC/FQHC)		89,050	0	89,050		
25.00	Interns & residents (in an approved program)		224,481	0	224,481		
25.50	Home office wage-related (core)		4,175,473	0	4,175,473		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	175,970	0	175,970	4,196.12	41.94
27.00	Administrative & General	5.00	7,468,755	0	7,468,755	231,767.30	32.23

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		406,723	0	406,723	1,217.41	334.09	28.00
29.00	Maintenance & Repairs	6.00	687,438	0	687,438	30,490.54	22.55	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	83,852	0	83,852	5,747.33	14.59	31.00
32.00	Housekeeping	9.00	1,741,736	0	1,741,736	119,777.27	14.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,432,524	-1,074,042	358,482	23,646.60	15.16	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,074,042	1,074,042	70,864.18	15.16	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	883,966	0	883,966	17,637.46	50.12	38.00
39.00	Central Services and Supply	14.00	365,676	0	365,676	23,954.70	15.27	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	562,850	0	562,850	29,106.23	19.34	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/26/2019 1:15 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	67,755,184	0	67,755,184	2,309,707.69	29.33	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,755,184	0	67,755,184	2,309,707.69	29.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,524,096	0	14,524,096	385,518.17	37.67	4.00
5.00	Subtotal wage-related costs (see inst.)	18,698,972	0	18,698,972	0.00	27.60	5.00
6.00	Total (sum of lines 3 thru 5)	100,978,252	0	100,978,252	2,695,225.86	37.47	6.00
7.00	Total overhead cost (see instructions)	13,809,490	0	13,809,490	558,405.14	24.73	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/26/2019 1:15 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,146,140	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,964,650	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	150,444	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	35,573	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)	168,220	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	467,514	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	713,865	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,980,120	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	73,459	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))	56,656	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	151,679	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,908,320	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,675,720	14,908,320	1.00
2.00	Hospital	2,675,720	14,908,320	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

Health Financial Systems		MEMORIAL HOSPITAL OF CARBONDALE		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0164 Component CCN: 14-3454		Period: From 04/01/2018 To 03/31/2019 Worksheet S-8 Date/Time Prepared: 8/26/2019 1:15 pm	
		RHC I		Cost	
		1.00			
1.00	Clinic Address and Identification				
	Street	2553 KEN GRAY BLVD 1.00			
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	WEST FRANKFORT		IL 62896	2.00
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)	4.00			
5.00	Migrant Health Center (Section 329(d), PHS Act)	5.00			
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	6.00			
7.00	Appalachian Regional Commission	7.00			
8.00	Look-Alikes	8.00			
9.00	OTHER (SPECIFY)	9.00			
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0	10.00
		Sunday		Monday	Tuesday
		from	to	from	to
		1.00	2.00	3.00	4.00
Facility hours of operations (1)					
11.00	CLINIC				11.00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N			12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number			Total Visits	14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)	15.00			
		County			
		4.00			
2.00	City, State, ZIP Code, County	FRANKLIN		2.00	
		Tuesday	Wednesday	Thursday	
		to	from	to	from
		6.00	7.00	8.00	9.00
Facility hours of operations (1)					
11.00	CLINIC				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0164

Period:

Worksheet S-8

Component CCN: 14-3454

From 04/01/2018
To 03/31/2019Date/Time Prepared:
8/26/2019 1:15 pm

RHC I

Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC						11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet S-10

Date/Time Prepared:
8/26/2019 1:15 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.221857	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			29,392,980	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			8,680,145	5.00
6.00	Medicaid charges			215,177,673	6.00
7.00	Medicaid cost (line 1 times line 6)			47,738,673	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)			9,665,548	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			546,721	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			9,665,548	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			10,170,781	2,343,622
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			2,256,459	2,343,622
22.00	Payments received from patients for amounts previously written off as charity care			14,364	29,253
23.00	Cost of charity care (line 21 minus line 22)			2,242,095	2,314,369
				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)			14,279,524	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,558,133	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,397,128	27.01
28.00	Non-Medicare bad debt expense (see instructions)			11,882,396	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,475,188	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,031,652	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,697,200	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet A

Date/Time Prepared:
8/26/2019 1:15 pm

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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,301,929	8,301,929	2,547,148	10,849,077	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,877,387	6,877,387	1,092,233	7,969,620	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	175,970	23,778,890	23,954,860	0	23,954,860	4.00
5.01	00550	DATA PROCESSING	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	309,571	103,429	413,000	0	413,000	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	893,645	39,547	933,192	0	933,192	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	6,265,539	15,099,959	21,365,498	-751	21,364,747	5.04
6.00	00600	MAINTENANCE & REPAIRS	687,438	2,024,458	2,711,896	0	2,711,896	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	83,852	1,264,961	1,348,813	0	1,348,813	8.00
9.00	00900	HOUSEKEEPING	1,741,736	514,477	2,256,213	0	2,256,213	9.00
10.00	01000	DIETARY	1,432,524	1,393,757	2,826,281	-2,143,813	682,468	10.00
11.00	01100	CAFETERIA	0	0	0	2,119,018	2,119,018	11.00
13.00	01300	NURSING ADMINISTRATION	883,966	57,158	941,124	0	941,124	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	365,676	154,770	520,446	-48,924	471,522	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	562,850	34,343	597,193	0	597,193	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	5,892,348	5,892,348	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,034,622	0	1,034,622	0	1,034,622	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,407,934	1,407,934	0	1,407,934	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,853,669	11,111,290	24,964,959	-173,288	24,791,671	30.00
31.00	03100	INTENSIVE CARE UNIT	4,504,672	1,336,522	5,841,194	-112,414	5,728,780	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	962,198	18,269	980,467	0	980,467	35.00
43.00	04300	NURSEY	143	144,959	145,102	-3,988	141,114	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,041,716	21,745,978	25,787,694	-14,157,719	11,629,975	50.00
50.01	05001	SAME DAY SURGERY	1,503,535	1,171,746	2,675,281	-2,675,281	0	50.01
51.00	05100	RECOVERY ROOM	694,379	108,972	803,351	-4,273	799,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,107,786	1,964,814	5,072,600	-75,567	4,997,033	52.00
53.00	05300	ANESTHESIOLOGY	741,617	6,730,497	7,472,114	-6,132,411	1,339,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,772,994	1,837,391	4,610,385	-788,863	3,821,522	54.00
54.01	03480	ONCOLOGY	810,748	1,823,644	2,634,392	-13,832	2,620,560	54.01
54.02	03440	MAMMOGRAPHY	667,000	497,340	1,164,340	-27,762	1,136,578	54.02
56.00	05600	RADIOISOTOPE	294,687	1,301,675	1,596,362	172,841	1,769,203	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	364,107	453,061	817,168	-119,273	697,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,778,817	14,610,265	18,389,082	-12,066,823	6,322,259	59.00
60.00	06000	LABORATORY	2,392,675	6,776,197	9,168,872	-48,658	9,120,214	60.00
64.00	06400	INTRAVENOUS THERAPY	745,928	402,699	1,148,627	-51,285	1,097,342	64.00
65.00	06500	RESPIRATORY THERAPY	1,406,440	445,022	1,851,462	-124,557	1,726,905	65.00
66.00	06600	PHYSICAL THERAPY	2,757,998	698,858	3,456,856	-412	3,456,444	66.00
69.00	06900	ELECTROCARDIOLOGY	1,401,734	8,829,582	10,231,316	-750,677	9,480,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	111,269	81,771	193,040	-17,047	175,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,819,296	14,819,296	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,314,305	15,314,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,382,746	25,569,714	28,952,460	1,316,215	30,268,675	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	410,429	1,160,612	1,571,041	-14,416	1,556,625	88.00
91.00	09100	EMERGENCY	3,566,980	7,688,048	11,255,028	-81,989	11,173,039	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,592,231	5,592,231	-3,639,381	1,952,850	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,711,656	183,154,156	251,865,812	0	251,865,812	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	489,818	489,818	0	489,818	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	68,711,656	183,643,974	252,355,630	0	252,355,630	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet A

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,046,703	9,802,374	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,175,402	14,145,022	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,180,343	21,774,517	4.00
5.01	00550	DATA PROCESSING	8,724,264	8,724,264	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-54,712	358,288	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,823,532	4,756,724	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,134,168	22,498,915	5.04
6.00	00600	MAINTENANCE & REPAIRS	-44,250	2,667,646	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,348,813	8.00
9.00	00900	HOUSEKEEPING	0	2,256,213	9.00
10.00	01000	DIETARY	0	682,468	10.00
11.00	01100	CAFETERIA	-1,314,593	804,425	11.00
13.00	01300	NURSING ADMINISTRATION	0	941,124	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	471,522	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-62,276	534,917	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-5,892,348	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,034,622	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,589	1,406,345	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,952,799	18,838,872	30.00
31.00	03100	INTENSIVE CARE UNIT	-17,986	5,710,794	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	980,467	35.00
43.00	04300	NURSERY	0	141,114	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-81,393	11,548,582	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	799,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-18,122	4,978,911	52.00
53.00	05300	ANESTHESIOLOGY	0	1,339,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,515	3,818,007	54.00
54.01	03480	ONCOLOGY	-572,014	2,048,546	54.01
54.02	03440	MAMMOGRAPHY	-55,454	1,081,124	54.02
56.00	05600	RADIOISOTOPE	0	1,769,203	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	697,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	-151,216	6,171,043	59.00
60.00	06000	LABORATORY	-271,983	8,848,231	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,097,342	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,726,905	65.00
66.00	06600	PHYSICAL THERAPY	0	3,456,444	66.00
69.00	06900	ELECTROCARDIOLOGY	-4,306	9,476,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	175,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,819,296	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,314,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,268,675	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-1,576	1,555,049	88.00
91.00	09100	EMERGENCY	-6,511,631	4,661,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,952,850	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,334,293	245,531,519	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	489,818	192.00
192.01	19201	FAMILY PRACTICE	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	192.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,334,293	246,021,337	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet Non-CMS W
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00590		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	SAME DAY SURGERY	05001		50.01
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
54.01	ONCOLOGY	03480	ONCOLOGY	54.01
54.02	MAMMOGRAPHY	03440	MAMMOGRAPHY	54.02
56.00	RADIOISOTOPE	05600		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
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 PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
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
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FAMILY PRACTICE	19201		192.01
192.02	UNUSED SPACE	19202		192.02
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet A-6
Date/Time Prepared:
8/26/2019 1:15 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DIETARY RECLASS					
1.00	CAFETERIA	11.00	1,074,042	1,044,976		1.00
	TOTALS		1,074,042	1,044,976		
	B - NUTRITIONAL PRODUCT RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	493,471		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
	TOTALS		0	493,471		
	C - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,133,601		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
	TOTALS		0	30,133,601		
	D - SAME DAY SURGERY RECLASS					
1.00	OPERATING ROOM	50.00	1,503,535	1,171,746		1.00
	TOTALS		1,503,535	1,171,746		
	E - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,547,148		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,092,233		2.00
	TOTALS		0	3,639,381		
	F - IMPLANTABLE SUPPLY RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,314,305		1.00
	TOTALS		0	15,314,305		
	G - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	5,892,348		1.00
	TOTALS		0	5,892,348		
	H - CONTRAST DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	822,744		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	822,744		
	I - ISOTOPE RECLASS					
1.00	RADIOISOTOPE	56.00	0	173,671		1.00
	TOTALS		0	173,671		
500.00	Grand Total: Increases		2,577,577	58,686,243		500.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet A-6
Date/Time Prepared:
8/26/2019 1:15 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY RECLASS						
1.00	DIETARY	10.00	1,074,042	1,044,976	0		1.00
	TOTALS		1,074,042	1,044,976			
	B - NUTRITIONAL PRODUCT RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	628	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	149,599	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	42,717	0		3.00
4.00	NURSERY	43.00	0	3,966	0		4.00
5.00	OPERATING ROOM	50.00	0	40,184	0		5.00
6.00	RECOVERY ROOM	51.00	0	4,273	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	42,011	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	52,092	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,811	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	26,697	0		10.00
11.00	RADIOISOTOPE	56.00	0	162	0		11.00
12.00	INTRAVENOUS THERAPY	64.00	0	42,431	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	1,188	0		13.00
14.00	EMERGENCY	91.00	0	51,922	0		14.00
15.00	MAMMOGRAPHY	54.02	0	995	0		15.00
16.00	DIETARY	10.00	0	24,795	0		16.00
	TOTALS		0	493,471			
	C - MEDICAL SUPPLY RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,296	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	23,689	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	69,697	0		3.00
4.00	NURSERY	43.00	0	22	0		4.00
5.00	OPERATING ROOM	50.00	0	16,780,376	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,556	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	187,971	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	695,767	0		8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	670	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	11,941,646	0		10.00
11.00	LABORATORY	60.00	0	48,658	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	124,557	0		12.00
13.00	EMERGENCY	91.00	0	30,067	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	65,882	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	17,047	0		15.00
16.00	MAMMOGRAPHY	54.02	0	26,767	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	412	0		17.00
18.00	ONCOLOGY	54.01	0	13,832	0		18.00
19.00	RURAL HEALTH CLINIC	88.00	0	14,416	0		19.00
20.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	751	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	8,854	0		21.00
22.00	RADIOISOTOPE	56.00	0	668	0		22.00
	TOTALS		0	30,133,601			
	D - SAME DAY SURGERY RECLASS						
1.00	SAME DAY SURGERY	50.01	1,503,535	1,171,746	0		1.00
	TOTALS		1,503,535	1,171,746			
	E - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	3,639,381	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	3,639,381			
	F - IMPLANTABLE SUPPLY RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,314,305	0		1.00
	TOTALS		0	15,314,305			
	G - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	5,892,348	0		1.00
	TOTALS		0	5,892,348			
	H - CONTRAST DRUG RECLASS						
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	118,603	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	509,936	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	83,285	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	98,480	0		4.00
5.00	OPERATING ROOM	50.00	0	12,440	0		5.00
	TOTALS		0	822,744			
	I - ISOTOPE RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	173,671	0		1.00
	TOTALS		0	173,671			
500.00	Grand Total: Decreases		2,577,577	58,686,243			500.00

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/26/2019 1:15 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - DIETARY RECLASS									
1.00	CAFETERIA	11.00	1,074,042	1,044,976	DIETARY	10.00	1,074,042	1,044,976	1.00
	TOTALS		1,074,042	1,044,976	TOTALS		1,074,042	1,044,976	
B - NUTRITIONAL PRODUCT RECLASS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	493,471	CENTRAL SERVICES & SUPPLY	14.00	0	628	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	149,599	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	42,717	3.00
4.00		0.00	0	0	NURSERY	43.00	0	3,966	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	40,184	5.00
6.00		0.00	0	0	RECOVERY ROOM	51.00	0	4,273	6.00
7.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	42,011	7.00
8.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	52,092	8.00
9.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9,811	9.00
10.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	26,697	10.00
11.00		0.00	0	0	RADIOISOTOPE	56.00	0	162	11.00
12.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	42,431	12.00
13.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,188	13.00
14.00		0.00	0	0	EMERGENCY	91.00	0	51,922	14.00
15.00		0.00	0	0	MAMMOGRAPHY	54.02	0	995	15.00
16.00		0.00	0	0	DIETARY	10.00	0	24,795	16.00
	TOTALS		0	493,471	TOTALS		0	493,471	
C - MEDICAL SUPPLY RECLASS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,133,601	CENTRAL SERVICES & SUPPLY	14.00	0	48,296	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	23,689	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	69,697	3.00
4.00		0.00	0	0	NURSERY	43.00	0	22	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	16,780,376	5.00
6.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33,556	6.00
7.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	187,971	7.00
8.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	695,767	8.00
9.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	670	9.00
10.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	11,941,646	10.00
11.00		0.00	0	0	LABORATORY	60.00	0	48,658	11.00
12.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	124,557	12.00
13.00		0.00	0	0	EMERGENCY	91.00	0	30,067	13.00
14.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	65,882	14.00
15.00		0.00	0	0	ELECTROENCEPHALOGRAPH Y	70.00	0	17,047	15.00
16.00		0.00	0	0	MAMMOGRAPHY	54.02	0	26,767	16.00
17.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	412	17.00
18.00		0.00	0	0	ONCOLOGY	54.01	0	13,832	18.00
19.00		0.00	0	0	RURAL HEALTH CLINIC	88.00	0	14,416	19.00
20.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	751	20.00
21.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	8,854	21.00
22.00		0.00	0	0	RADIOISOTOPE	56.00	0	668	22.00
	TOTALS		0	30,133,601	TOTALS		0	30,133,601	
D - SAME DAY SURGERY RECLASS									
1.00	OPERATING ROOM	50.00	1,503,535	1,171,746	SAME DAY SURGERY	50.01	1,503,535	1,171,746	1.00
	TOTALS		1,503,535	1,171,746	TOTALS		1,503,535	1,171,746	
E - INTEREST RECLASS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,547,148	INTEREST EXPENSE	113.00	0	3,639,381	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,092,233		0.00	0	0	2.00
	TOTALS		0	3,639,381	TOTALS		0	3,639,381	
F - IMPLANTABLE SUPPLY RECLASS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,314,305	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,314,305	1.00
	TOTALS		0	15,314,305	TOTALS		0	15,314,305	
G - CRNA RECLASS									
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	5,892,348	ANESTHESIOLOGY	53.00	0	5,892,348	1.00
	TOTALS		0	5,892,348	TOTALS		0	5,892,348	

RECLASSIFICATIONS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
8/26/2019 1:15 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
H - CONTRAST DRUG RECLASS									
1.00	DRUGS CHARGED TO	73.00	0	822,744	MAGNETIC RESONANCE	58.00	0	118,603	1.00
	PATIENTS				IMAGING (MRI)				
2.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	509,936	2.00
3.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	83,285	3.00
4.00		0.00	0	0	CARDIAC	59.00	0	98,480	4.00
					CATHETERIZATION				
5.00		0.00	0	0	OPERATING ROOM	50.00	0	12,440	5.00
	TOTALS		0	822,744	TOTALS		0	822,744	
I - ISOTOPE RECLASS									
1.00	RADIOISOTOPE	56.00	0	173,671	ELECTROCARDIOLOGY	69.00	0	173,671	1.00
	TOTALS		0	173,671	TOTALS		0	173,671	
500.00	Grand Total:		2,577,577	58,686,243	Grand Total:		2,577,577	58,686,243	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	7,542,356	1,226,349	0	1,226,349	0	1.00	
2.00	Land Improvements	5,957,189	394,524	0	394,524	657,936	2.00	
3.00	Buildings and Fixtures	186,789,195	24,918,270	0	24,918,270	10,127,427	3.00	
4.00	Building Improvements	192,105	0	0	0	27,584	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	79,419,600	8,819,240	0	8,819,240	3,683,659	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	279,900,445	35,358,383	0	35,358,383	14,496,606	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	279,900,445	35,358,383	0	35,358,383	14,496,606	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	8,768,705	0					1.00
2.00	Land Improvements	5,693,777	0					2.00
3.00	Buildings and Fixtures	201,580,038	0					3.00
4.00	Building Improvements	164,521	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	84,555,181	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	300,762,222	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	300,762,222	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,301,929	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,877,387	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,179,316	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	8,301,929				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,877,387				2.00
3.00	Total (sum of lines 1-2)	0	15,179,316				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	216,207,040	0	216,207,040	0.718864	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	84,555,182	0	84,555,182	0.281136	0	2.00
3.00	Total (sum of lines 1-2)	300,762,222	0	300,762,222	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,802,374	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,145,022	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,947,396	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	0	0	0	0	9,802,374	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,145,022	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	23,947,396	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet A-8

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-13,832,786			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	39,685,006			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,299,387	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	-62,276	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	-15,206	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-5,892,348	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	EMPLOYEE OUTPATIENT PAYMENTS	B	-8,713,241	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet A-8

Date/Time Prepared:
8/26/2019 1:15 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 DEBT FORGIVENESS	A	-173,681	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02 TELEVISION AND RADIO SERVICES	A	-3,068	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.02
33.03 INTEREST INCOME UNRESTRICTED	B	-3,476,167	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04 LOSS ON 1994 BONDS	A	73,919	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05 LOSS ON 1994 BONDS	A	63,400	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.05
33.06 CABLE TV	A	-1,779	EMERGENCY	91.00	0	33.06
33.07 NONALLOWABLE BOND EXPENSE	A	-1,952,850	INTEREST EXPENSE	113.00	0	33.07
33.08 MISCELLANEOUS INCOME	B	-773	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.08
33.09 SALE OF XRAY SILVER/FILM	B	-3,515	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10 OFFSET LOBBYING EXPENSE	A	-28,694	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11 PURCHASE DISCOUNT	B	-54,181	PURCHASING RECEIVING AND STORES	5.02	0	33.11
33.12 CABLE TV	A	-1,693	OPERATING ROOM	50.00	0	33.12
33.13 CABLE TV	A	-44,250	MAINTENANCE & REPAIRS	6.00	0	33.13
33.14 LOSS ON 1991 BONDS	A	89,308	CAP REL COSTS-BLDG & FIXT	1.00	9	33.14
33.15 LOSS ON 1991 BONDS	A	61,118	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.15
33.16 LEASEHOLD REVENUE	B	-45,468	MAMMOGRAPHY	54.02	0	33.16
33.17 CABLE TV	A	-5,546	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.17
33.18 PATIENT'S GUEST LODGING EXPENSE	A	-71,649	CARDIAC CATHETERIZATION	59.00	0	33.18
33.19 LEASEHOLD REVENUE	B	-1,766,084	CAP REL COSTS-BLDG & FIXT	1.00	9	33.19
33.20 MEDICAID PROVIDER TAX	A	-8,851,765	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21 CABLE TV	A	-1,589	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.21
33.22 INTEREST INCOME 98A AND 2017C BONDS	B	-583	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.22
33.23 SALE OF MEDICAL RECORDS AND ABSTRACT	A	-80	RURAL HEALTH CLINIC	88.00	0	33.23
33.24 MISCELLANEOUS INCOME	B	-1,496	RURAL HEALTH CLINIC	88.00	0	33.24
33.25 VENDING MACHINE INCOME	B	-952	ELECTROCARDIOLOGY	69.00	0	33.25
33.26 COMMUNITY HEALTH OUTREACH	A	-66	CARDIAC CATHETERIZATION	59.00	0	33.26
33.27 DEPARTMENTAL PROGRAM REVENUE -	B	-3,354	ELECTROCARDIOLOGY	69.00	0	33.27
33.28 CABLE TV	A	-531	PURCHASING RECEIVING AND STORES	5.02	0	33.28
33.29 ALCOHOL PURCHASE	A	-1,947	CARDIAC CATHETERIZATION	59.00	0	33.29
33.30 ALCOHOL PURCHASE	A	-39	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.30
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,334,293				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: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/26/2019 1:15 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	556,154	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	6,053,952	0 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	6,532,898	0 3.00
4.00		5.01	DATA PROCESSING	HOME OFFICE	8,724,264	0 4.00
4.01		5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	3,823,532	0 4.01
4.02		5.04	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	14,002,246	0 4.02
4.03		60.00	LABORATORY	RENT	7,185	15,225 4.03
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		39,700,231	15,225 5.00

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

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

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

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

6.00	B	SIHS	100.00	SIHS	100.00	6.00
7.00	B	SIHE	100.00	SIHE	100.00	7.00
8.00	B	HSSI	100.00	HSSI	100.00	8.00
9.00	B	SIMS	100.00	SIMS	100.00	9.00
10.00	B	SIH CAYMAN SPC	100.00	SIH CAYMAN	100.00	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: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet A-8-1

Date/Time Prepared:
8/26/2019 1:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	556,154	9		1.00
2.00	6,053,952	9		2.00
3.00	6,532,898	0		3.00
4.00	8,724,264	0		4.00
4.01	3,823,532	0		4.01
4.02	14,002,246	0		4.02
4.03	-8,040	0		4.03
5.00	39,685,006			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		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: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet A-8-2

Date/Time Prepared:
8/26/2019 1:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	DR. A	5,950,839	5,950,839	0	0	0	1.00
2.00	31.00	DR. B	36,086	5,470	30,616	211,500	178	2.00
3.00	50.00	DR. C	89,295	79,334	9,961	246,400	81	3.00
4.00	54.02	DR. D	27,111	6,340	20,771	271,900	131	4.00
5.00	59.00	DR. E	121,684	0	121,684	211,500	434	5.00
6.00	60.00	DR. F	269,199	259,085	10,114	260,300	42	6.00
7.00	54.01	DR. G	630,990	525,930	105,060	211,500	580	7.00
8.00	30.00	DR. H	3,510	1,230	2,280	169,700	19	8.00
9.00	91.00	DR. I	6,517,522	6,505,378	12,144	181,300	88	9.00
10.00	5.04	DR. J	330,830	330,830	0	0	0	10.00
11.00	52.00	DR. K	62,920	0	62,920	237,100	393	11.00
200.00			14,039,986	13,664,436	375,550		1,946	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	30.00	DR. A	0	0	0	0	0	1.00
2.00	31.00	DR. B	18,100	905	0	0	0	2.00
3.00	50.00	DR. C	9,595	480	0	0	0	3.00
4.00	54.02	DR. D	17,125	856	0	0	0	4.00
5.00	59.00	DR. E	44,130	2,207	0	0	0	5.00
6.00	60.00	DR. F	5,256	263	0	0	0	6.00
7.00	54.01	DR. G	58,976	2,949	0	0	0	7.00
8.00	30.00	DR. H	1,550	78	0	0	0	8.00
9.00	91.00	DR. I	7,670	384	0	0	0	9.00
10.00	5.04	DR. J	0	0	0	0	0	10.00
11.00	52.00	DR. K	44,798	2,240	0	0	0	11.00
200.00			207,200	10,362	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	30.00	DR. A	0	0	0	5,950,839		1.00
2.00	31.00	DR. B	0	18,100	12,516	17,986		2.00
3.00	50.00	DR. C	0	9,595	366	79,700		3.00
4.00	54.02	DR. D	0	17,125	3,646	9,986		4.00
5.00	59.00	DR. E	0	44,130	77,554	77,554		5.00
6.00	60.00	DR. F	0	5,256	4,858	263,943		6.00
7.00	54.01	DR. G	0	58,976	46,084	572,014		7.00
8.00	30.00	DR. H	0	1,550	730	1,960		8.00
9.00	91.00	DR. I	0	7,670	4,474	6,509,852		9.00
10.00	5.04	DR. J	0	0	0	330,830		10.00
11.00	52.00	DR. K	0	44,798	18,122	18,122		11.00
200.00			0	207,200	168,350	13,832,786		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			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	9,802,374	9,802,374			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,145,022		14,145,022		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,774,517	28,935	22,121	21,825,573	4.00
5.01	00550	DATA PROCESSING	8,724,264	44,665	0	0	8,768,929
5.02	00560	PURCHASING RECEIVING AND STORES	358,288	87,852	43	98,585	57,881
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,756,724	74,314	0	284,587	217,053
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	22,498,915	2,290,138	787,240	1,995,298	774,155
6.00	00600	MAINTENANCE & REPAIRS	2,667,646	1,098,656	3,770	218,919	144,702
8.00	00800	LAUNDRY & LINEN SERVICE	1,348,813	23,531	0	26,703	0
9.00	00900	HOUSEKEEPING	2,256,213	79,107	8,819	554,666	36,175
10.00	01000	DIETARY	682,468	113,498	38,337	114,161	101,291
11.00	01100	CAFETERIA	804,425	126,296	2,325	342,035	0
13.00	01300	NURSING ADMINISTRATION	941,124	130,069	916,569	281,504	86,821
14.00	01400	CENTRAL SERVICES & SUPPLY	471,522	90,172	0	116,452	36,175
16.00	01600	MEDICAL RECORDS & LIBRARY	534,917	0	8,450	179,243	195,347
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,034,622	0	0	329,482	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,406,345	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,838,872	1,703,140	529,840	4,411,755	1,606,191
31.00	03100	INTENSIVE CARE UNIT	5,710,794	320,202	401,555	1,434,540	419,635
35.00	02060	NEONATAL INTENSIVE CARE UNIT	980,467	47,317	0	306,418	57,881
43.00	04300	NURSERY	141,114	23,250	2,745	46	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,548,582	878,721	4,705,161	1,765,918	832,035
50.01	05001	SAME DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	799,078	70,414	82,275	221,129	180,877
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,978,911	247,545	191,012	989,693	441,340
53.00	05300	ANESTHESIOLOGY	1,339,703	10,784	58,798	236,172	108,526
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,818,007	221,031	1,071,785	883,077	224,288
54.01	03480	ONCOLOGY	2,048,546	236,353	0	258,188	260,463
54.02	03440	MAMMOGRAPHY	1,081,124	0	508,455	212,410	231,523
56.00	05600	RADIOISOTOPE	1,769,203	45,634	19,296	93,845	43,411
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	697,895	54,531	685,288	115,952	21,705
59.00	05900	CARDIAC CATHETERIZATION	6,171,043	338,125	2,065,903	1,203,387	325,579
60.00	06000	LABORATORY	8,848,231	224,295	686,870	761,962	368,990
64.00	06400	INTRAVENOUS THERAPY	1,097,342	106,921	0	237,545	144,702
65.00	06500	RESPIRATORY THERAPY	1,726,905	40,076	119,410	447,889	36,175
66.00	06600	PHYSICAL THERAPY	3,456,444	39,872	7,331	878,301	448,576
69.00	06900	ELECTROCARDIOLOGY	9,476,333	162,880	850,932	446,391	224,288
70.00	07000	ELECTROENCEPHALOGRAPHY	175,993	6,195	0	35,434	14,470
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,819,296	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,314,305	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	30,268,675	131,650	76,852	1,077,256	224,288
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,555,049	0	7,927	130,704	340,049
91.00	09100	EMERGENCY	4,661,408	257,845	285,913	1,135,926	564,337
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	245,531,519	9,354,014	14,145,022	21,825,573	8,768,929
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,361	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	489,818	170,911	0	0	0
192.01	19201	FAMILY PRACTICE	0	0	0	0	0
192.02	19202	UNUSED SPACE	0	220,088	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	246,021,337	9,802,374	14,145,022	21,825,573	8,768,929

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part I
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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	602,649					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,309	5,333,987				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	106	0	28,345,852	28,345,852		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,133,693	538,294	4,671,987	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	257	0	1,399,304	182,219	17,795	8.00
9.00	00900	HOUSEKEEPING	190	0	2,935,170	382,221	59,825	9.00
10.00	01000	DIETARY	78	0	1,049,833	136,710	85,833	10.00
11.00	01100	CAFETERIA	235	0	1,275,316	166,073	95,512	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,356,087	306,812	98,365	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,026	0	716,347	93,283	68,193	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	917,957	119,537	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,364,104	177,635	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,406,345	183,136	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,266	221,953	27,397,017	3,567,667	1,288,005	30.00
31.00	03100	INTENSIVE CARE UNIT	45,109	46,231	8,378,066	1,091,000	242,154	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	63	34,576	1,426,722	185,789	35,783	35.00
43.00	04300	NURSERY	6,018	8,795	181,968	23,696	17,583	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	224,802	823,839	20,779,058	2,705,870	664,535	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	643	61,376	1,415,792	184,366	53,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,656	126,122	6,992,279	910,542	187,206	52.00
53.00	05300	ANESTHESIOLOGY	17,426	127,440	1,898,849	247,270	8,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,065	574,920	6,812,173	887,088	167,156	54.00
54.01	03480	ONCOLOGY	76	252,087	3,055,713	397,918	178,743	54.01
54.02	03440	MAMMOGRAPHY	700	47,789	2,082,001	271,120	0	54.02
56.00	05600	RADIOISOTOPE	556	103,457	2,075,402	270,261	34,511	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,907	158,119	1,735,397	225,985	41,239	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,722	385,593	10,588,352	1,378,826	255,707	59.00
60.00	06000	LABORATORY	16,574	476,721	11,383,643	1,482,389	169,623	60.00
64.00	06400	INTRAVENOUS THERAPY	9,398	51,099	1,647,007	214,475	80,859	64.00
65.00	06500	RESPIRATORY THERAPY	9,914	63,139	2,443,508	318,196	30,308	65.00
66.00	06600	PHYSICAL THERAPY	1,014	104,076	4,935,614	642,721	30,154	66.00
69.00	06900	ELECTROCARDIOLOGY	2,169	322,600	11,485,593	1,495,665	123,178	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,914	5,954	239,960	31,248	4,685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	300,328	15,119,624	1,968,893	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	204,416	15,518,721	2,020,863	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,929	596,258	32,387,908	4,217,517	99,561	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	439	9,174	2,043,342	266,086	0	88.00
91.00	09100	EMERGENCY	26,088	227,925	7,159,442	932,310	194,995	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	602,649	5,333,987	245,083,159	28,223,681	4,332,914	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	57,361	7,470	43,379	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	660,729	86,041	129,252	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	220,088	28,660	166,442	192.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	602,649	5,333,987	246,021,337	28,345,852	4,671,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part I
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,599,318					8.00
9.00	00900	HOUSEKEEPING	0	3,377,216				9.00
10.00	01000	DIETARY	0	63,094	1,335,470			10.00
11.00	01100	CAFETERIA	0	70,209	0	1,607,110		11.00
13.00	01300	NURSING ADMINISTRATION	0	72,306	0	14,577	2,848,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	50,127	0	21,865	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	25,510	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	32,798	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,254,308	946,782	1,047,378	409,979	1,153,064	30.00
31.00	03100	INTENSIVE CARE UNIT	275,148	178,002	229,755	111,149	313,222	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	69,862	26,303	58,337	23,688	65,634	35.00
43.00	04300	NURSERY	0	12,925	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	488,485	0	158,524	443,170	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	39,143	0	14,577	40,200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	137,611	0	89,284	248,546	52.00
53.00	05300	ANESTHESIOLOGY	0	5,995	0	16,399	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	122,872	0	83,818	0	54.00
54.01	03480	ONCOLOGY	0	131,390	0	20,043	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	25,368	0	5,466	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,314	0	12,755	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	187,965	0	94,750	263,521	59.00
60.00	06000	LABORATORY	0	124,686	0	96,572	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	59,438	0	21,865	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,279	0	40,087	10,236	65.00
66.00	06600	PHYSICAL THERAPY	0	22,165	0	72,885	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	90,546	0	40,087	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,444	0	3,644	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	73,185	0	65,596	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	20,043	0	88.00
91.00	09100	EMERGENCY	0	143,337	0	111,149	310,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,599,318	3,127,971	1,335,470	1,607,110	2,848,147	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,887	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	95,010	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	122,348	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,599,318	3,377,216	1,335,470	1,607,110	2,848,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			14.00	16.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	949,815					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,063,004				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		1,541,739		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			1,622,279	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,396	44,225	0	180,418	189,843	30.00
31.00	03100	INTENSIVE CARE UNIT	3,435	9,212	0	5,963	6,275	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	6,890	0	0	0	35.00
43.00	04300	NURSERY	1	1,752	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	413,586	164,337	0	57,986	61,015	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	12,229	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,773	25,130	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,941	25,393	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,971	114,555	0	26,897	28,302	54.00
54.01	03480	ONCOLOGY	887	50,229	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	1,716	9,522	0	716	0	54.02
56.00	05600	RADIOISOTOPE	43	20,614	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	44	31,506	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	476,957	76,831	0	0	0	59.00
60.00	06000	LABORATORY	3,119	94,989	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	568	10,182	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,984	12,581	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26	20,738	0	10,249	10,785	66.00
69.00	06900	ELECTROCARDIOLOGY	3,922	64,280	0	870	915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,093	1,186	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,658	59,842	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,731	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	118,807	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	924	1,828	0	203,557	214,191	88.00
91.00	09100	EMERGENCY	1,771	45,415	0	81,156	85,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	949,815	1,063,004	0	567,096	596,721	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	974,643	1,025,558	192.01
192.02	19202	UNUSED SPACE	0	0	0	0	0	192.02
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)	949,815	1,063,004	0	1,541,739	1,622,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	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	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,480,082	-370,261	37,109,821	30.00
31.00	03100	INTENSIVE CARE UNIT	10,843,381	-12,238	10,831,143	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,899,008	0	1,899,008	35.00
43.00	04300	NURSERY	237,925	0	237,925	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,936,566	-119,001	25,817,565	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,759,558	0	1,759,558	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,592,371	0	8,592,371	52.00
53.00	05300	ANESTHESIOLOGY	2,214,002	0	2,214,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,259,832	-55,199	8,204,633	54.00
54.01	03480	ONCOLOGY	3,834,923	0	3,834,923	54.01
54.02	03440	MAMMOGRAPHY	2,364,359	0	2,364,359	54.02
56.00	05600	RADIOISOTOPE	2,431,665	0	2,431,665	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,077,240	0	2,077,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,322,909	0	13,322,909	59.00
60.00	06000	LABORATORY	13,355,021	0	13,355,021	60.00
64.00	06400	INTRAVENOUS THERAPY	2,034,394	0	2,034,394	64.00
65.00	06500	RESPIRATORY THERAPY	2,885,179	0	2,885,179	65.00
66.00	06600	PHYSICAL THERAPY	5,745,337	-21,034	5,724,303	66.00
69.00	06900	ELECTROCARDIOLOGY	13,305,056	-1,785	13,303,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	285,260	0	285,260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,150,017	0	17,150,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,580,315	0	17,580,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,962,574	0	36,962,574	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,749,971	-417,748	2,332,223	88.00
91.00	09100	EMERGENCY	9,065,524	-166,551	8,898,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	242,372,469	-1,163,817	241,208,652	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,097	0	140,097	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	971,032	0	971,032	192.00
192.01	19201	FAMILY PRACTICE	2,000,201	-2,000,201	0	192.01
192.02	19202	UNUSED SPACE	537,538	0	537,538	192.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	246,021,337	-3,164,018	242,857,319	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet Non-CMS W

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
1.00	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	4	GROSS SALARIES	4.00
5.01	DATA PROCESSING	5	NUMBER OF PCS	5.01
5.02	PURCHASING RECEIVING AND STORES	6	PURCHASING SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	9	MEALS SERVED	10.00
11.00	CAFETERIA	10	NUMBER OF FTES	11.00
13.00	NURSING ADMINISTRATION	11	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED REQS	14.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	16.00
19.00	NONPHYSICIAN ANESTHETISTS	14	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	15	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	15	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,935	22,121	51,056	4.00
5.01	00550	DATA PROCESSING	0	44,665	0	44,665	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	87,852	43	87,895	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	74,314	0	74,314	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	2,290,138	787,240	3,077,378	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,098,656	3,770	1,102,426	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,531	0	23,531	8.00
9.00	00900	HOUSEKEEPING	0	79,107	8,819	87,926	9.00
10.00	01000	DIETARY	0	113,498	38,337	151,835	10.00
11.00	01100	CAFETERIA	0	126,296	2,325	128,621	11.00
13.00	01300	NURSING ADMINISTRATION	0	130,069	916,569	1,046,638	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,172	0	90,172	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	8,450	8,450	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,703,140	529,840	2,232,980	30.00
31.00	03100	INTENSIVE CARE UNIT	0	320,202	401,555	721,757	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	47,317	0	47,317	35.00
43.00	04300	NURSERY	0	23,250	2,745	25,995	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	878,721	4,705,161	5,583,882	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	70,414	82,275	152,689	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	247,545	191,012	438,557	52.00
53.00	05300	ANESTHESIOLOGY	0	10,784	58,798	69,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	221,031	1,071,785	1,292,816	54.00
54.01	03480	ONCOLOGY	0	236,353	0	236,353	54.01
54.02	03440	MAMMOGRAPHY	0	0	508,455	508,455	54.02
56.00	05600	RADIOISOTOPE	0	45,634	19,296	64,930	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	54,531	685,288	739,819	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	338,125	2,065,903	2,404,028	59.00
60.00	06000	LABORATORY	0	224,295	686,870	911,165	60.00
64.00	06400	INTRAVENOUS THERAPY	0	106,921	0	106,921	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,076	119,410	159,486	65.00
66.00	06600	PHYSICAL THERAPY	0	39,872	7,331	47,203	66.00
69.00	06900	ELECTROCARDIOLOGY	0	162,880	850,932	1,013,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,195	0	6,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	131,650	76,852	208,502	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	7,927	7,927	88.00
91.00	09100	EMERGENCY	0	257,845	285,913	543,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,354,014	14,145,022	23,499,036	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,361	0	57,361	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	170,911	0	170,911	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	220,088	0	220,088	192.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,802,374	14,145,022	23,947,396	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
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	00550	DATA PROCESSING	44,665					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	295	88,421				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,106	192	76,278			5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	3,943	16	0	3,086,005		5.04
6.00	00600	MAINTENANCE & REPAIRS	737	0	0	58,603	1,162,278	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	38	0	19,838	4,427	8.00
9.00	00900	HOUSEKEEPING	184	28	0	41,612	14,883	9.00
10.00	01000	DIETARY	516	11	0	14,883	21,353	10.00
11.00	01100	CAFETERIA	0	34	0	18,080	23,761	11.00
13.00	01300	NURSING ADMINISTRATION	442	0	0	33,402	24,471	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	184	297	0	10,156	16,965	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	995	0	0	13,014	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	19,339	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	19,938	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,184	12,510	3,172	388,408	320,426	30.00
31.00	03100	INTENSIVE CARE UNIT	2,137	6,618	661	118,776	60,242	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	295	9	494	20,227	8,902	35.00
43.00	04300	NURSERY	0	883	126	2,580	4,374	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,238	32,984	11,822	294,585	165,320	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	921	94	877	20,072	13,247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,248	2,590	1,802	99,130	46,572	52.00
53.00	05300	ANESTHESIOLOGY	553	2,557	1,821	26,920	2,029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,142	2,797	8,217	96,576	41,584	54.00
54.01	03480	ONCOLOGY	1,327	11	3,603	43,321	44,467	54.01
54.02	03440	MAMMOGRAPHY	1,179	103	683	29,517	0	54.02
56.00	05600	RADIOISOTOPE	221	82	1,479	29,423	8,585	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	111	280	2,260	24,603	10,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,658	14,484	5,511	150,111	63,614	59.00
60.00	06000	LABORATORY	1,879	2,432	6,813	161,386	42,198	60.00
64.00	06400	INTRAVENOUS THERAPY	737	1,379	730	23,350	20,116	64.00
65.00	06500	RESPIRATORY THERAPY	184	1,455	902	34,642	7,540	65.00
66.00	06600	PHYSICAL THERAPY	2,285	149	1,487	69,972	7,501	66.00
69.00	06900	ELECTROCARDIOLOGY	1,142	318	4,610	162,831	30,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74	281	85	3,402	1,166	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,292	214,351	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,921	220,009	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,142	1,897	8,522	459,181	24,768	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,732	64	131	28,968	0	88.00
91.00	09100	EMERGENCY	2,874	3,828	3,257	101,499	48,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,665	88,421	76,278	3,072,705	1,077,924	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	813	10,792	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	9,367	32,155	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	0	3,120	41,407	192.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	44,665	88,421	76,278	3,086,005	1,162,278	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,896					8.00
9.00	00900	HOUSEKEEPING	0	145,931				9.00
10.00	01000	DIETARY	0	2,726	191,591			10.00
11.00	01100	CAFETERIA	0	3,034	0	174,330		11.00
13.00	01300	NURSING ADMINISTRATION	0	3,124	0	1,581	1,110,317	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,166	0	2,372	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,767	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,558	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,564	40,911	150,261	44,472	449,508	30.00
31.00	03100	INTENSIVE CARE UNIT	8,240	7,692	32,961	12,057	122,106	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,092	1,137	8,369	2,569	25,587	35.00
43.00	04300	NURSERY	0	558	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,108	0	17,196	172,765	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,691	0	1,581	15,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,946	0	9,685	96,893	52.00
53.00	05300	ANESTHESIOLOGY	0	259	0	1,779	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,309	0	9,092	0	54.00
54.01	03480	ONCOLOGY	0	5,677	0	2,174	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	1,096	0	593	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,310	0	1,384	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,122	0	10,278	102,731	59.00
60.00	06000	LABORATORY	0	5,388	0	10,476	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,568	0	2,372	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	963	0	4,348	3,990	65.00
66.00	06600	PHYSICAL THERAPY	0	958	0	7,906	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,913	0	4,348	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	149	0	395	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	3,162	0	7,116	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	2,174	0	88.00
91.00	09100	EMERGENCY	0	6,194	0	12,057	121,066	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,896	135,161	191,591	174,330	1,110,317	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,378	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,105	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	5,287	0	0	0	192.02
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)	47,896	145,931	191,591	174,330	1,110,317	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			14.00	16.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	122,584					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,645				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		20,110		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			23,496	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	180	1,057				30.00
31.00	03100	INTENSIVE CARE UNIT	443	220				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	165				35.00
43.00	04300	NURSERY	0	42				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,376	4,158				50.00
50.01	05001	SAME DAY SURGERY	0	0				50.01
51.00	05100	RECOVERY ROOM	0	292				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	229	601				52.00
53.00	05300	ANESTHESIOLOGY	1,541	607				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,190	2,739				54.00
54.01	03480	ONCOLOGY	114	1,201				54.01
54.02	03440	MAMMOGRAPHY	221	228				54.02
56.00	05600	RADIOISOTOPE	6	493				56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6	753				58.00
59.00	05900	CARDIAC CATHETERIZATION	61,561	1,837				59.00
60.00	06000	LABORATORY	402	2,271				60.00
64.00	06400	INTRAVENOUS THERAPY	73	243				64.00
65.00	06500	RESPIRATORY THERAPY	1,030	301				65.00
66.00	06600	PHYSICAL THERAPY	3	496				66.00
69.00	06900	ELECTROCARDIOLOGY	506	1,537				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141	28				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	214	1,431				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	974				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,841				73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	119	44				88.00
91.00	09100	EMERGENCY	229	1,086				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	122,584	25,645	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	FAMILY PRACTICE	0	0				192.01
192.02	19202	UNUSED SPACE	0	0				192.02
200.00		Cross Foot Adjustments			0	20,110	23,496	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	122,584	25,645	0	20,110	23,496	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet B
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	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	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,699,950	0	3,699,950	30.00
31.00	03100	INTENSIVE CARE UNIT	1,097,266	0	1,097,266	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	117,880	0	117,880	35.00
43.00	04300	NURSERY	34,558	0	34,558	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,365,565	0	6,365,565	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	207,652	0	207,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	706,568	0	706,568	52.00
53.00	05300	ANESTHESIOLOGY	108,201	0	108,201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,528	0	1,464,528	54.00
54.01	03480	ONCOLOGY	338,852	0	338,852	54.01
54.02	03440	MAMMOGRAPHY	540,883	0	540,883	54.02
56.00	05600	RADIOISOTOPE	107,128	0	107,128	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	781,056	0	781,056	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,826,750	0	2,826,750	59.00
60.00	06000	LABORATORY	1,146,193	0	1,146,193	60.00
64.00	06400	INTRAVENOUS THERAPY	159,045	0	159,045	64.00
65.00	06500	RESPIRATORY THERAPY	215,889	0	215,889	65.00
66.00	06600	PHYSICAL THERAPY	140,015	0	140,015	66.00
69.00	06900	ELECTROCARDIOLOGY	1,224,705	0	1,224,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,999	0	11,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	220,288	0	220,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	223,904	0	223,904	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	719,651	0	719,651	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	41,465	0	41,465	88.00
91.00	09100	EMERGENCY	847,015	0	847,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,347,006	0	23,347,006	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	70,344	0	70,344	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	216,538	0	216,538	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	192.01
192.02	19202	UNUSED SPACE	269,902	0	269,902	192.02
200.00		Cross Foot Adjustments	43,606	0	43,606	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,947,396	0	23,947,396	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet B-1

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			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	384,500					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,863,653				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,135	9,170	68,535,687			4.00
5.01	00550	DATA PROCESSING	1,752	0	0	1,212		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	3,446	18	309,571	8	13,076,142	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,915	0	893,645	30	28,413	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	89,831	326,341	6,265,539	107	2,300	5.04
6.00	00600	MAINTENANCE & REPAIRS	43,095	1,563	687,438	20	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	923	0	83,852	0	5,567	8.00
9.00	00900	HOUSEKEEPING	3,103	3,656	1,741,736	5	4,116	9.00
10.00	01000	DIETARY	4,452	15,892	358,483	14	1,699	10.00
11.00	01100	CAFETERIA	4,954	964	1,074,042	0	5,090	11.00
13.00	01300	NURSING ADMINISTRATION	5,102	379,953	883,966	12	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	0	365,676	5	43,954	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,503	562,850	27	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,034,622	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,806	219,639	13,853,669	222	1,850,073	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	166,460	4,504,672	58	978,751	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	0	962,198	8	1,368	35.00
43.00	04300	NURSERY	912	1,138	143	0	130,586	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	1,950,468	5,545,251	115	4,877,785	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	34,106	694,379	25	13,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	79,182	3,107,786	61	383,089	52.00
53.00	05300	ANESTHESIOLOGY	423	24,374	741,617	15	378,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	444,296	2,772,994	31	413,663	54.00
54.01	03480	ONCOLOGY	9,271	0	810,748	36	1,642	54.01
54.02	03440	MAMMOGRAPHY	0	210,774	667,000	32	15,190	54.02
56.00	05600	RADIOISOTOPE	1,790	7,999	294,687	6	12,067	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	284,078	364,107	3	41,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	856,396	3,778,817	45	2,142,041	59.00
60.00	06000	LABORATORY	8,798	284,734	2,392,675	51	359,618	60.00
64.00	06400	INTRAVENOUS THERAPY	4,194	0	745,928	20	203,920	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	49,500	1,406,440	5	215,108	65.00
66.00	06600	PHYSICAL THERAPY	1,564	3,039	2,757,998	62	21,994	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	352,744	1,401,734	31	47,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	0	111,269	2	41,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	5,164	31,858	3,382,746	31	280,522	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	3,286	410,429	47	9,521	88.00
91.00	09100	EMERGENCY	10,114	118,522	3,566,980	78	566,041	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	366,913	5,863,653	68,535,687	1,212	13,076,142	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,250	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,704	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	8,633	0	0	0	0	192.02
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)	9,802,374	14,145,022	21,825,573	8,768,929	602,649	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.493821	2.412322	0.318456	7,235.089934	0.046088	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			51,056	44,665	88,421	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000745	36.852310	0.006762	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet B-1

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet B-1

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5.03	5A.04	5.04	6.00	8.00	
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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,104,691,970					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-28,345,852	217,675,485			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,133,693	242,326		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,399,304	923	35,323	8.00
9.00	00900	HOUSEKEEPING	0	0	2,935,170	3,103	0	9.00
10.00	01000	DIETARY	0	0	1,049,833	4,452	0	10.00
11.00	01100	CAFETERIA	0	0	1,275,316	4,954	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,356,087	5,102	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	716,347	3,537	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	917,957	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,364,104	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,406,345	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,972,129	0	27,397,017	66,806	27,703	30.00
31.00	03100	INTENSIVE CARE UNIT	9,575,649	0	8,378,066	12,560	6,077	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,161,658	0	1,426,722	1,856	1,543	35.00
43.00	04300	NURSERY	1,821,685	0	181,968	912	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	170,526,872	0	20,779,058	34,468	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	12,712,490	0	1,415,792	2,762	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,123,103	0	6,992,279	9,710	0	52.00
53.00	05300	ANESTHESIOLOGY	26,395,937	0	1,898,849	423	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,080,336	0	6,812,173	8,670	0	54.00
54.01	03480	ONCOLOGY	52,213,452	0	3,055,713	9,271	0	54.01
54.02	03440	MAMMOGRAPHY	9,898,353	0	2,082,001	0	0	54.02
56.00	05600	RADIOISOTOPE	21,428,553	0	2,075,402	1,790	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,750,412	0	1,735,397	2,139	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	79,865,915	0	10,588,352	13,263	0	59.00
60.00	06000	LABORATORY	98,740,910	0	11,383,643	8,798	0	60.00
64.00	06400	INTRAVENOUS THERAPY	10,583,926	0	1,647,007	4,194	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,077,715	0	2,443,508	1,572	0	65.00
66.00	06600	PHYSICAL THERAPY	21,556,842	0	4,935,614	1,564	0	66.00
69.00	06900	ELECTROCARDIOLOGY	66,818,629	0	11,485,593	6,389	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,233,241	0	239,960	243	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,205,462	0	15,119,624	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,339,586	0	15,518,721	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,500,026	0	32,387,908	5,164	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,900,188	0	2,043,342	0	0	88.00
91.00	09100	EMERGENCY	47,208,901	0	7,159,442	10,114	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,104,691,970	-28,345,852	216,737,307	224,739	35,323	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	57,361	2,250	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	660,729	6,704	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	0	0	220,088	8,633	0	192.02
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)	5,333,987		28,345,852	4,671,987	1,599,318	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004828		0.130221	19.279759	45.276958	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	76,278		3,086,005	1,162,278	47,896	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000069		0.014177	4.796340	1.355944	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: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet B-1

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQS)	
			9.00	10.00	11.00	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	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	238,300					9.00
10.00	01000	DIETARY	4,452	105,969				10.00
11.00	01100	CAFETERIA	4,954	0	882			11.00
13.00	01300	NURSING ADMINISTRATION	5,102	0	8	1,158,320		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,537	0	12	0	14,818,546	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	14	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	18	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,806	83,109	225	468,942	21,784	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560	18,231	61	127,385	53,587	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,856	4,629	13	26,693	0	35.00
43.00	04300	NURSERY	912	0	0	0	22	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,468	0	87	180,234	6,452,605	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,762	0	8	16,349	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,710	0	49	101,082	27,661	52.00
53.00	05300	ANESTHESIOLOGY	423	0	9	0	186,291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670	0	46	0	264,782	54.00
54.01	03480	ONCOLOGY	9,271	0	11	0	13,832	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	26,767	54.02
56.00	05600	RADIOISOTOPE	1,790	0	3	0	668	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,139	0	7	0	690	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,263	0	52	107,172	7,441,235	59.00
60.00	06000	LABORATORY	8,798	0	53	0	48,658	60.00
64.00	06400	INTRAVENOUS THERAPY	4,194	0	12	0	8,854	64.00
65.00	06500	RESPIRATORY THERAPY	1,572	0	22	4,163	124,557	65.00
66.00	06600	PHYSICAL THERAPY	1,564	0	40	0	412	66.00
69.00	06900	ELECTROCARDIOLOGY	6,389	0	22	0	61,182	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	0	2	0	17,047	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,164	0	36	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	11	0	14,416	88.00
91.00	09100	EMERGENCY	10,114	0	61	126,300	27,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	220,713	105,969	882	1,158,320	14,818,546	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,250	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,704	0	0	0	0	192.00
192.01	19201	FAMILY PRACTICE	0	0	0	0	0	192.01
192.02	19202	UNUSED SPACE	8,633	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,377,216	1,335,470	1,607,110	2,848,147	949,815	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.172119	12.602459	1,822.120181	2.458860	0.064096	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	145,931	191,591	174,330	1,110,317	122,584	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.612384	1.807991	197.653061	0.958558	0.008272	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: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet B-1

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			16.00	19.00	21.00	22.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,104,691,970					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	100				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		49,640			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			49,640		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,972,129	0	5,809	5,809		30.00
31.00	03100	INTENSIVE CARE UNIT	9,575,649	0	192	192		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,161,658	0	0	0		35.00
43.00	04300	NURSERY	1,821,685	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	170,526,872	0	1,867	1,867		50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	12,712,490	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,123,103	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	26,395,937	100	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,080,336	0	866	866		54.00
54.01	03480	ONCOLOGY	52,213,452	0	0	0		54.01
54.02	03440	MAMMOGRAPHY	9,898,353	0	0	0		54.02
56.00	05600	RADIOISOTOPE	21,428,553	0	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,750,412	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	79,865,915	0	0	0		59.00
60.00	06000	LABORATORY	98,740,910	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	10,583,926	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	13,077,715	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	21,556,842	0	330	330		66.00
69.00	06900	ELECTROCARDIOLOGY	66,818,629	0	28	28		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,233,241	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,205,462	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,339,586	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,500,026	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	1,900,188	0	6,554	6,554		88.00
91.00	09100	EMERGENCY	47,208,901	0	2,613	2,613		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,104,691,970	100	18,259	18,259		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	FAMILY PRACTICE	0	0	31,381	31,381		192.01
192.02	19202	UNUSED SPACE	0	0	0	0		192.02
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)	1,063,004	0	1,541,739	1,622,279		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000962	0.000000	31.058400	32.680882		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,645	0	20,110	23,496		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000023	0.000000	0.405117	0.473328		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet B-1

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	16.00	19.00	21.00	22.00		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet C
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	37,109,821		37,109,821	730	37,110,551	30.00	
31.00	03100	INTENSIVE CARE UNIT	10,831,143		10,831,143	12,516	10,843,659	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,899,008		1,899,008	0	1,899,008	35.00	
43.00	04300	NURSERY	237,925		237,925	0	237,925	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,817,565		25,817,565	366	25,817,931	50.00	
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01	
51.00	05100	RECOVERY ROOM	1,759,558		1,759,558	0	1,759,558	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,592,371		8,592,371	18,122	8,610,493	52.00	
53.00	05300	ANESTHESIOLOGY	2,214,002		2,214,002	0	2,214,002	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,204,633		8,204,633	0	8,204,633	54.00	
54.01	03480	ONCOLOGY	3,834,923		3,834,923	46,084	3,881,007	54.01	
54.02	03440	MAMMOGRAPHY	2,364,359		2,364,359	3,646	2,368,005	54.02	
56.00	05600	RADIOISOTOPE	2,431,665		2,431,665	0	2,431,665	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,077,240		2,077,240	0	2,077,240	58.00	
59.00	05900	CARDIAC CATHETERIZATION	13,322,909		13,322,909	77,554	13,400,463	59.00	
60.00	06000	LABORATORY	13,355,021		13,355,021	4,858	13,359,879	60.00	
64.00	06400	INTRAVENOUS THERAPY	2,034,394		2,034,394	0	2,034,394	64.00	
65.00	06500	RESPIRATORY THERAPY	2,885,179	0	2,885,179	0	2,885,179	65.00	
66.00	06600	PHYSICAL THERAPY	5,724,303	0	5,724,303	0	5,724,303	66.00	
69.00	06900	ELECTROCARDIOLOGY	13,303,271		13,303,271	0	13,303,271	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	285,260		285,260	0	285,260	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,150,017		17,150,017	0	17,150,017	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,580,315		17,580,315	0	17,580,315	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	36,962,574		36,962,574	0	36,962,574	73.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	2,332,223		2,332,223	0	2,332,223	88.00	
91.00	09100	EMERGENCY	8,898,973		8,898,973	4,474	8,903,447	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,812,670		4,812,670		4,812,670	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	246,021,322	0	246,021,322	168,350	246,189,672	200.00	
201.00		Less Observation Beds	4,812,670		4,812,670		4,812,670	201.00	
202.00		Total (see instructions)	241,208,652	0	241,208,652	168,350	241,377,002	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet C
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,632,129		36,632,129		30.00
31.00	03100	INTENSIVE CARE UNIT	9,575,649		9,575,649		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,161,658		7,161,658		35.00
43.00	04300	NURSERY	1,821,685		1,821,685		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,484,817	71,623,813	167,108,630	0.154496	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,971,058	5,947,188	11,918,246	0.147636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,083,366	4,914,022	25,997,388	0.330509	52.00
53.00	05300	ANESTHESIOLOGY	14,529,806	11,398,192	25,927,998	0.085390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,669,065	82,491,905	117,160,970	0.070029	54.00
54.01	03480	ONCOLOGY	355,442	51,322,817	51,678,259	0.074208	54.01
54.02	03440	MAMMOGRAPHY	11,693	9,599,924	9,611,617	0.245990	54.02
56.00	05600	RADIOISOTOPE	4,095,387	16,796,099	20,891,486	0.116395	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,716,478	25,753,890	31,470,368	0.066006	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,633,329	50,679,038	79,312,367	0.167980	59.00
60.00	06000	LABORATORY	43,732,427	52,230,412	95,962,839	0.139169	60.00
64.00	06400	INTRAVENOUS THERAPY	93,094	10,427,351	10,520,445	0.193375	64.00
65.00	06500	RESPIRATORY THERAPY	11,630,513	1,427,699	13,058,212	0.220947	65.00
66.00	06600	PHYSICAL THERAPY	6,055,020	14,861,472	20,916,492	0.273674	66.00
69.00	06900	ELECTROCARDIOLOGY	16,639,785	49,839,709	66,479,494	0.200111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	767,408	455,908	1,223,316	0.233186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,606,625	25,651,664	61,258,289	0.279962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,670,448	17,195,625	41,866,073	0.419918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,457,252	83,785,815	122,243,067	0.302369	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	1,900,188	1,900,188		88.00
91.00	09100	EMERGENCY	9,744,244	36,740,971	46,485,215	0.191437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,504,216	7,540,145	9,044,361	0.532118	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	454,642,594	632,583,847	1,087,226,441		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	454,642,594	632,583,847	1,087,226,441		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet C
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.154498			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.147636			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331206			52.00
53.00	05300	ANESTHESIOLOGY	0.085390			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.070029			54.00
54.01	03480	ONCOLOGY	0.075099			54.01
54.02	03440	MAMMOGRAPHY	0.246369			54.02
56.00	05600	RADIOISOTOPE	0.116395			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066006			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168958			59.00
60.00	06000	LABORATORY	0.139219			60.00
64.00	06400	INTRAVENOUS THERAPY	0.193375			64.00
65.00	06500	RESPIRATORY THERAPY	0.220947			65.00
66.00	06600	PHYSICAL THERAPY	0.273674			66.00
69.00	06900	ELECTROCARDIOLOGY	0.200111			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233186			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279962			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.419918			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302369			73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
91.00	09100	EMERGENCY	0.191533			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.532118			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet C
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,109,821		37,109,821	730	37,110,551	30.00
31.00	03100	INTENSIVE CARE UNIT	10,831,143		10,831,143	12,516	10,843,659	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,899,008		1,899,008	0	1,899,008	35.00
43.00	04300	NURSERY	237,925		237,925	0	237,925	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,817,565		25,817,565	366	25,817,931	50.00
50.01	05001	SAME DAY SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,759,558		1,759,558	0	1,759,558	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,592,371		8,592,371	18,122	8,610,493	52.00
53.00	05300	ANESTHESIOLOGY	2,214,002		2,214,002	0	2,214,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,204,633		8,204,633	0	8,204,633	54.00
54.01	03480	ONCOLOGY	3,834,923		3,834,923	46,084	3,881,007	54.01
54.02	03440	MAMMOGRAPHY	2,364,359		2,364,359	3,646	2,368,005	54.02
56.00	05600	RADIOISOTOPE	2,431,665		2,431,665	0	2,431,665	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,077,240		2,077,240	0	2,077,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,322,909		13,322,909	77,554	13,400,463	59.00
60.00	06000	LABORATORY	13,355,021		13,355,021	4,858	13,359,879	60.00
64.00	06400	INTRAVENOUS THERAPY	2,034,394		2,034,394	0	2,034,394	64.00
65.00	06500	RESPIRATORY THERAPY	2,885,179	0	2,885,179	0	2,885,179	65.00
66.00	06600	PHYSICAL THERAPY	5,724,303	0	5,724,303	0	5,724,303	66.00
69.00	06900	ELECTROCARDIOLOGY	13,303,271		13,303,271	0	13,303,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	285,260		285,260	0	285,260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,150,017		17,150,017	0	17,150,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,580,315		17,580,315	0	17,580,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,962,574		36,962,574	0	36,962,574	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,332,223		2,332,223	0	2,332,223	88.00
91.00	09100	EMERGENCY	8,898,973		8,898,973	4,474	8,903,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,812,670		4,812,670		4,812,670	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	246,021,322	0	246,021,322	168,350	246,189,672	200.00
201.00		Less Observation Beds	4,812,670		4,812,670		4,812,670	201.00
202.00		Total (see instructions)	241,208,652	0	241,208,652	168,350	241,377,002	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet C
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,632,129		36,632,129			30.00
31.00	03100	INTENSIVE CARE UNIT	9,575,649		9,575,649			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,161,658		7,161,658			35.00
43.00	04300	NURSERY	1,821,685		1,821,685			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,484,817	71,623,813	167,108,630	0.154496	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	5,971,058	5,947,188	11,918,246	0.147636	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,083,366	4,914,022	25,997,388	0.330509	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,529,806	11,398,192	25,927,998	0.085390	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,669,065	82,491,905	117,160,970	0.070029	0.000000	54.00
54.01	03480	ONCOLOGY	355,442	51,322,817	51,678,259	0.074208	0.000000	54.01
54.02	03440	MAMMOGRAPHY	11,693	9,599,924	9,611,617	0.245990	0.000000	54.02
56.00	05600	RADIOISOTOPE	4,095,387	16,796,099	20,891,486	0.116395	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,716,478	25,753,890	31,470,368	0.066006	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,633,329	50,679,038	79,312,367	0.167980	0.000000	59.00
60.00	06000	LABORATORY	43,732,427	52,230,412	95,962,839	0.139169	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	93,094	10,427,351	10,520,445	0.193375	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,630,513	1,427,699	13,058,212	0.220947	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,055,020	14,861,472	20,916,492	0.273674	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	16,639,785	49,839,709	66,479,494	0.200111	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	767,408	455,908	1,223,316	0.233186	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,606,625	25,651,664	61,258,289	0.279962	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,670,448	17,195,625	41,866,073	0.419918	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,457,252	83,785,815	122,243,067	0.302369	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	1,900,188	1,900,188	1.227364	0.000000	88.00
91.00	09100	EMERGENCY	9,744,244	36,740,971	46,485,215	0.191437	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,504,216	7,540,145	9,044,361	0.532118	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	454,642,594	632,583,847	1,087,226,441			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	454,642,594	632,583,847	1,087,226,441			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet C
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03480	ONCOLOGY	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet D
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		3,699,950	0	3,699,950	31,831	116.24	30.00
31.00	INTENSIVE CARE UNIT		1,097,266		1,097,266	6,077	180.56	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		117,880		117,880	1,543	76.40	35.00
43.00	NURSERY		34,558		34,558	2,909	11.88	43.00
200.00	Total (lines 30 through 199)		4,949,654		4,949,654	42,360		200.00
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
			6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		12,400	1,441,376				
31.00	INTENSIVE CARE UNIT		3,178	573,820				
35.00	NEONATAL INTENSIVE CARE UNIT		0	0				
43.00	NURSERY		0	0				
200.00	Total (lines 30 through 199)		15,578	2,015,196				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet D
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,365,565	167,108,630	0.038092	54,556,891	2,078,181	50.00
50.01	05001	SAME DAY SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	207,652	11,918,246	0.017423	2,780,140	48,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	706,568	25,997,388	0.027178	50,366	1,369	52.00
53.00	05300	ANESTHESIOLOGY	108,201	25,927,998	0.004173	6,076,320	25,356	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,464,528	117,160,970	0.012500	14,790,297	184,879	54.00
54.01	03480	ONCOLOGY	338,852	51,678,259	0.006557	123,097	807	54.01
54.02	03440	MAMMOGRAPHY	540,883	9,611,617	0.056274	2,121	119	54.02
56.00	05600	RADIOISOTOPE	107,128	20,891,486	0.005128	2,244,039	11,507	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	781,056	31,470,368	0.024819	2,435,612	60,449	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,826,750	79,312,367	0.035641	5,649,752	201,363	59.00
60.00	06000	LABORATORY	1,146,193	95,962,839	0.011944	19,926,954	238,008	60.00
64.00	06400	INTRAVENOUS THERAPY	159,045	10,520,445	0.015118	41,317	625	64.00
65.00	06500	RESPIRATORY THERAPY	215,889	13,058,212	0.016533	5,982,411	98,907	65.00
66.00	06600	PHYSICAL THERAPY	140,015	20,916,492	0.006694	3,431,904	22,973	66.00
69.00	06900	ELECTROCARDIOLOGY	1,224,705	66,479,494	0.018422	7,854,249	144,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,999	1,223,316	0.009809	307,688	3,018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	220,288	61,258,289	0.003596	18,483,961	66,468	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	223,904	41,866,073	0.005348	13,277,390	71,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	719,651	122,243,067	0.005887	19,385,352	114,122	73.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	41,465	1,900,188	0.021822	0	0	88.00
91.00	09100	EMERGENCY	847,015	46,485,215	0.018221	4,498,683	81,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	479,828	9,044,361	0.053053	903,483	47,932	92.00
200.00		Total (lines 50 through 199)	18,877,180	1,032,035,320		182,802,027	3,502,190	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0164		Period: From 04/01/2018 To 03/31/2019		Worksheet D Part III Date/Time Prepared: 8/26/2019 1:15 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	0	0	0	0	0	35.00
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	31,831	0.00	12,400		30.00
31.00	03100	INTENSIVE CARE UNIT			0	6,077	0.00	3,178		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			0	1,543	0.00	0		35.00
43.00	04300	NURSERY			0	2,909	0.00	0		43.00
200.00		Total (lines 30 through 199)			0	42,360		15,578		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
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	0					35.00
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: 14-0164		Period: From 04/01/2018 To 03/31/2019		Worksheet D Part IV Date/Time Prepared: 8/26/2019 1:15 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03480	ONCOLOGY	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
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 PATIENTS	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
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0164		Period: From 04/01/2018 To 03/31/2019		Worksheet D Part IV Date/Time Prepared: 8/26/2019 1:15 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	167,108,630	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	11,918,246	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	25,997,388	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	25,927,998	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	117,160,970	0.000000	54.00
54.01	03480	ONCOLOGY	0	0	0	0	51,678,259	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	9,611,617	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	20,891,486	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	31,470,368	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	79,312,367	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	95,962,839	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	10,520,445	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	13,058,212	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	20,916,492	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	66,479,494	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,223,316	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	61,258,289	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	41,866,073	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	122,243,067	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	1,900,188	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	0	46,485,215	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	9,044,361	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,032,035,320		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet D
Part IV
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	54,556,891	0	37,104,964	0	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	2,780,140	0	5,028,882	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	50,366	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,076,320	0	3,663,857	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	14,790,297	0	24,408,499	0	54.00
54.01	03480	ONCOLOGY	0.000000	123,097	0	24,529,524	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	2,121	0	672	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	2,244,039	0	14,641,487	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,435,612	0	7,161,752	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,649,752	0	14,091,104	0	59.00
60.00	06000	LABORATORY	0.000000	19,926,954	0	12,342,485	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	41,317	0	4,660,177	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,982,411	0	595,193	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,431,904	0	203,469	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,854,249	0	9,378,522	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	307,688	0	110,095	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	18,483,961	0	11,038,088	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,277,390	0	9,275,461	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	19,385,352	0	37,887,198	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
91.00	09100	EMERGENCY	0.000000	4,498,683	0	7,977,890	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	903,483	0	2,598,121	0	92.00
200.00		Total (lines 50 through 199)		182,802,027	0	226,697,440	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/26/2019 1:15 pm

				Title XVIII	Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	SAME DAY SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03480	ONCOLOGY	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
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: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet D
Part V
Date/Time Prepared:
8/26/2019 1:15 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.154496	37,104,964	0	0	5,732,569	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.147636	5,028,882	0	0	742,444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330509	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085390	3,663,857	0	0	312,857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.070029	24,408,499	0	0	1,709,303	54.00
54.01	03480	ONCOLOGY	0.074208	24,529,524	0	0	1,820,287	54.01
54.02	03440	MAMMOGRAPHY	0.245990	672	0	0	165	54.02
56.00	05600	RADIOISOTOPE	0.116395	14,641,487	0	0	1,704,196	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066006	7,161,752	0	0	472,719	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.167980	14,091,104	0	0	2,367,024	59.00
60.00	06000	LABORATORY	0.139169	12,342,485	0	0	1,717,691	60.00
64.00	06400	INTRAVENOUS THERAPY	0.193375	4,660,177	0	0	901,162	64.00
65.00	06500	RESPIRATORY THERAPY	0.220947	595,193	0	0	131,506	65.00
66.00	06600	PHYSICAL THERAPY	0.273674	203,469	0	0	55,684	66.00
69.00	06900	ELECTROCARDIOLOGY	0.200111	9,378,522	0	0	1,876,745	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233186	110,095	0	0	25,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279962	11,038,088	0	0	3,090,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.419918	9,275,461	0	0	3,894,933	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302369	37,887,198	0	74,475	11,455,914	73.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
91.00	09100	EMERGENCY	0.191437	7,977,890	0	0	1,527,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.532118	2,598,121	0	0	1,382,507	92.00
200.00		Subtotal (see instructions)		226,697,440	0	74,475	40,920,887	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		226,697,440	0	74,475	40,920,887	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet D
Part V
Date/Time Prepared:
8/26/2019 1:15 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	SAME DAY SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03480	ONCOLOGY	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,519		73.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	22,519		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	22,519		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet D-1 Date/Time Prepared: 8/26/2019 1:15 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			31,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			31,831	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			27,703	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			12,400	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)			37,110,551	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)			37,110,551	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			37,110,551	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)			1,165.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			14,456,664	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)			14,456,664	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet D-1

Date/Time Prepared:
8/26/2019 1:15 pm

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	10,843,659	6,077	1,784.38	3,178	5,670,760	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	1,899,008	1,543	1,230.72	0	0	47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						
52.00	Total Program excludable cost (sum of lines 50 and 51)						
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						
55.00	Target amount per discharge						
56.00	Target amount (line 54 x line 55)						
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						
58.00	Bonus payment (see instructions)						
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						
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)						
62.00	Relief payment (see instructions)						
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						
	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)						
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						
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)						
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)						
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						
	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)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)						
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						
89.00	Observation bed cost (line 87 x line 88) (see instructions)						

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet D-1

Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,699,950	37,110,551	0.099701	4,812,670	479,828	90.00
91.00	Nursing School cost	0	37,110,551	0.000000	4,812,670	0	91.00
92.00	Allied health cost	0	37,110,551	0.000000	4,812,670	0	92.00
93.00	All other Medical Education	0	37,110,551	0.000000	4,812,670	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet D-3 Date/Time Prepared: 8/26/2019 1:15 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		14,059,110		30.00
31.00	03100	INTENSIVE CARE UNIT		4,654,056		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.154498	54,556,891	8,428,931	50.00
50.01	05001	SAME DAY SURGERY	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	0.147636	2,780,140	410,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331206	50,366	16,682	52.00
53.00	05300	ANESTHESIOLOGY	0.085390	6,076,320	518,857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.070029	14,790,297	1,035,750	54.00
54.01	03480	ONCOLOGY	0.075099	123,097	9,244	54.01
54.02	03440	MAMMOGRAPHY	0.246369	2,121	523	54.02
56.00	05600	RADIOISOTOPE	0.116395	2,244,039	261,195	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066006	2,435,612	160,765	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168958	5,649,752	954,571	59.00
60.00	06000	LABORATORY	0.139219	19,926,954	2,774,211	60.00
64.00	06400	INTRAVENOUS THERAPY	0.193375	41,317	7,990	64.00
65.00	06500	RESPIRATORY THERAPY	0.220947	5,982,411	1,321,796	65.00
66.00	06600	PHYSICAL THERAPY	0.273674	3,431,904	939,223	66.00
69.00	06900	ELECTROCARDIOLOGY	0.200111	7,854,249	1,571,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233186	307,688	71,749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279962	18,483,961	5,174,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.419918	13,277,390	5,575,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.302369	19,385,352	5,861,529	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
91.00	09100	EMERGENCY	0.191533	4,498,683	861,646	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.532118	903,483	480,760	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		182,802,027	36,437,815	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)		182,802,027		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet E Part A Date/Time Prepared: 8/26/2019 1:15 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			18,683,216	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			18,805,079	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)			1,786,774	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			6,167,906	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			163.28	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)			5.17	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			5.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			15.79	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)			5.17	12.00
13.00	Total allowable FTE count for the prior year.			5.17	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.			5.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.			5.17	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			5.17	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.031663	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.033331	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.031663	21.00
22.00	IME payment adjustment (see instructions)			642,999	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			105,792	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).			7.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			10.62	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)			7.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.042871	26.00
27.00	IME payments adjustment factor. (see instructions)			0.011316	27.00
28.00	IME add-on adjustment amount (see instructions)			424,218	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			69,796	28.01
29.00	Total IME payment (sum of lines 22 and 28)			1,067,217	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			175,588	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			7.67	30.00
31.00	Percentage of Medicaid patient days (see instructions)			26.62	31.00
32.00	Sum of lines 30 and 31			34.29	32.00
33.00	Allowable disproportionate share percentage (see instructions)			17.50	33.00
34.00	Disproportionate share adjustment (see instructions)			1,640,113	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet E Part A Date/Time Prepared: 8/26/2019 1:15 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,901,823	2,029,275		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	953,517	1,011,857		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,965,374			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	43,947,773			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)			44,123,361	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,510,370	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).			380,273	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			48,014,004	59.00
60.00	Primary payer payments			3,963	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			48,010,041	61.00
62.00	Deductibles billed to program beneficiaries			3,575,633	62.00
63.00	Coinsurance billed to program beneficiaries			44,197	63.00
64.00	Allowable bad debts (see instructions)			955,315	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			620,955	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			573,743	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			45,011,166	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			67,174	70.93
70.94	HRR adjustment amount (see instructions)			-538,384	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet E
Part A
Date/Time Prepared:
8/26/2019 1:15 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		44,539,956		71.00
71.01	Sequestration adjustment (see instructions)		890,799		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		43,359,800		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)		289,357		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		338,609		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	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: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet DSH

Date/Time Prepared:
8/26/2019 1:15 pm

		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)	7.67	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	26.62	0.00			26.62	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	34.29	0.00			26.62	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	163.28	0.00			163.28	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	17.50	0.00			11.18	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)	7.67	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)	2,694	0			2,694	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	203	0			203	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)	6,788	0			6,788	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,010	0			1,010	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	10,695	0			10,695	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	38,232	0			38,232	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,944	0			1,944	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)	40,176	0			40,176	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	26.62	0.00			26.62	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet DSH

Date/Time Prepared:
8/26/2019 1:15 pm

		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	17.50		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		17.50		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.		17.50		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")	True				True	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: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet DSH

Date/Time Prepared:
8/26/2019 1:15 pm

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	11.18		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	11.18		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.	11.18		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet E Part B Date/Time Prepared: 8/26/2019 1:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,519	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,920,887	2.00
3.00	OPPS payments		35,743,337	3.00
4.00	Outlier payment (see instructions)		421,726	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.872	5.00
6.00	Line 2 times line 5		35,683,013	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,519	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		74,475	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)		74,475	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)		74,475	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		51,956	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)		22,519	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)		36,165,063	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,555,708	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)		29,631,874	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		277,242	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)		29,909,116	30.00
31.00	Primary payer payments		2,655	31.00
32.00	Subtotal (line 30 minus line 31)		29,906,461	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)		1,441,813	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		937,178	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		949,890	36.00
37.00	Subtotal (see instructions)		30,843,639	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		30,843,639	40.00
40.01	Sequestration adjustment (see instructions)		616,873	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		30,244,151	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-17,385	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet E Part B Date/Time Prepared: 8/26/2019 1:15 pm
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/26/2019 1:15 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		43,534,925		30,203,758	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	03/27/2019	40,393	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	03/27/2019	175,125		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)		-175,125		40,393	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)		43,359,800		30,244,151	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		289,357		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		17,385	6.02	
7.00	Total Medicare program liability (see instructions)		43,649,157		30,226,766	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: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/26/2019 1:15 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				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: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet E-4 Date/Time Prepared: 8/26/2019 1:15 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.80	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.79	6.00
7.00	Enter the lesser of line 5 or line 6			15.79	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.	15.79	0.00	15.79	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.	15.79	0.00	15.79	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	15.79	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.66	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	15.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	15.75	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	15.75	0.00		17.00
18.00	Per resident amount	86,678.89	0.00		18.00
19.00	Approved amount for resident costs	1,365,193	0	1,365,193	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)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,365,193	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,596	2,740	26.00	
27.00	Total Inpatient Days (see instructions)	37,267	37,267	27.00	
28.00	Ratio of inpatient days to total inpatient days	0.418494	0.073523	28.00	
29.00	Program direct GME amount	571,325	100,373	29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		14,183	30.00	
31.00	Net Program direct GME amount			657,515	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet E-4 Date/Time Prepared: 8/26/2019 1:15 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		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)		56,565,239		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)		3,963		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,561,276		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		41,239,496		42.00
43.00	Primary payer payments (see instructions)		2,877		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		41,236,619		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		97,797,895		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.578349		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.421651		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		657,515		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		380,273		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		277,242		50.00

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

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet G

Date/Time Prepared:
8/26/2019 1:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	137,629	0	8,305	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	228,311,890	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-160,981,581	0	0	0	6.00
7.00	Inventory	8,403,042	0	0	0	7.00
8.00	Prepaid expenses	1,037,196	0	0	0	8.00
9.00	Other current assets	416,918	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)	77,325,094	0	8,305	0	11.00
FIXED ASSETS						
12.00	Land	8,768,704	0	0	0	12.00
13.00	Land improvements	5,693,777	0	0	0	13.00
14.00	Accumulated depreciation	-3,482,186	0	0	0	14.00
15.00	Buildings	201,580,038	0	0	0	15.00
16.00	Accumulated depreciation	-92,909,544	0	0	0	16.00
17.00	Leasehold improvements	164,521	0	0	0	17.00
18.00	Accumulated depreciation	-138,971	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	603,124	0	0	0	21.00
22.00	Accumulated depreciation	-445,810	0	0	0	22.00
23.00	Major movable equipment	83,952,057	0	0	0	23.00
24.00	Accumulated depreciation	-53,112,122	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)	150,673,588	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,262,034	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	65,168	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,327,202	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	234,325,884	0	8,305	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,723,166	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,731,344	0	0	0	38.00
39.00	Payroll taxes payable	2,299,611	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,221,875	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	8,219,637	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,195,633	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	152,167,943	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	1,225,665	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	153,393,608	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	185,589,241	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	48,736,643	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	8,305	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)	48,736,643	0	8,305	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	234,325,884	0	8,305	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet G-1

Date/Time Prepared:
8/26/2019 1:15 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		38,609,906		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		10,126,741				2.00
3.00	Total (sum of line 1 and line 2)		48,736,647		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	GREANT RECEIPTS	0		0		754,546	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)		48,736,647		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	ROUNDING	4		0		0	14.00
15.00		0		0		0	15.00
16.00	GRANT TRANSACTIONS	0		0		755,045	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		4		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		48,736,643		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	8,804		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)	8,804		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	GREANT RECEIPTS		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)	754,546		0			10.00
11.00	Subtotal (line 3 plus line 10)	763,350		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00	ROUNDING		0				14.00
15.00			0				15.00
16.00	GRANT TRANSACTIONS		0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	755,045		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	8,305		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/26/2019 1:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,752,358		40,752,358	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)	40,752,358		40,752,358	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,575,649		9,575,649	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	7,161,658		7,161,658	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,737,307		16,737,307	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	57,489,665		57,489,665	17.00
18.00	Ancillary services	399,032,551	646,269,567	1,045,302,118	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	1,900,188	1,900,188	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (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)	456,522,216	648,169,755	1,104,691,971	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		252,355,630		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		252,355,630		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019

Worksheet G-3

Date/Time Prepared:
8/26/2019 1:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,104,691,971	1.00
2.00	Less contractual allowances and discounts on patients' accounts	777,204,816	2.00
3.00	Net patient revenues (line 1 minus line 2)	327,487,155	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	252,355,630	4.00
5.00	Net income from service to patients (line 3 minus line 4)	75,131,525	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	798	6.00
7.00	Income from investments	4,634,755	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	54,181	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,299,387	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	3,515	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	62,356	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	16,158	21.00
22.00	Rental of hospital space	1,811,552	22.00
23.00	Governmental appropriations	546,721	23.00
24.00	MISC., DEPARTMENTAL	5,623	24.00
25.00	Total other income (sum of lines 6-24)	8,435,046	25.00
26.00	Total (line 5 plus line 25)	83,566,571	26.00
27.00	CORP ALLOC., CONTR, LOSS ON EQUIP	73,439,830	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	73,439,830	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,126,741	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0164

Period:
From 04/01/2018
To 03/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
8/26/2019 1:15 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	3,009,346	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	181,732	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)	102.10	3.00
4.00	Number of interns & residents (see instructions)	12.17	4.00
5.00	Indirect medical education percentage (see instructions)	3.42	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)	102,920	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	26.62	8.00
9.00	Sum of lines 7 and 8	34.29	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.19	10.00
11.00	Disproportionate share adjustment (see instructions)	216,372	11.00
12.00	Total prospective capital payments (see instructions)	3,510,370	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2018
To 03/31/2019Date/Time Prepared:
8/26/2019 1:15 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	0	0	0	0
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	0	0	0	0	0
4.00	Visiting Nurse	140,856	0	140,856	0	140,856
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	5,000	0	5,000	0	5,000
10.00	Subtotal (sum of lines 1 through 9)	145,856	0	145,856	0	145,856
11.00	Physician Services Under Agreement	579,576	0	579,576	0	579,576
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	257,211	0	257,211	0	257,211
14.00	Subtotal (sum of lines 11 through 13)	836,787	0	836,787	0	836,787
15.00	Medical Supplies	0	106,116	106,116	-14,416	91,700
16.00	Transportation (Health Care Staff)	0	3,282	3,282	0	3,282
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	0	0	0	0
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	109,398	109,398	-14,416	94,982
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	982,643	109,398	1,092,041	-14,416	1,077,625
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0
FACILITY OVERHEAD						
29.00	Facility Costs	0	183,480	183,480	0	183,480
30.00	Administrative Costs	264,573	30,947	295,520	0	295,520
31.00	Total Facility Overhead (sum of lines 29 and 30)	264,573	214,427	479,000	0	479,000
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,247,216	323,825	1,571,041	-14,416	1,556,625

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0164

Period:

Worksheet M-1

Component CCN: 14-3454

From 04/01/2018
To 03/31/2019Date/Time Prepared:
8/26/2019 1:15 pm

		RHC I		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	0	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	140,856	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	5,000	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	145,856	10.00
11.00	Physician Services Under Agreement	0	579,576	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	257,211	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	836,787	14.00
15.00	Medical Supplies	0	91,700	15.00
16.00	Transportation (Health Care Staff)	0	3,282	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	94,982	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,077,625	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	183,480	29.00
30.00	Administrative Costs	-1,576	293,944	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-1,576	477,424	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-1,576	1,555,049	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0164

Period:

Worksheet M-2

Component CCN: 14-3454

From 04/01/2018
To 03/31/2019Date/Time Prepared:
8/26/2019 1:15 pm

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.00	0	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.00	0		0	0	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.00	0			0	8.00
9.00	Physician Services Under Agreements		12,320			12,320	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,077,625	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,077,625	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					477,424	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					777,174	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,254,598	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,254,598	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,254,598	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					2,332,223	20.00

Health Financial Systems		MEMORIAL HOSPITAL OF CARBONDALE		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0164	Period: From 04/01/2018 To 03/31/2019	Worksheet M-3	
		Component CCN: 14-3454		Date/Time Prepared: 8/26/2019 1:15 pm	
		Title XVIII	RHC I	Cost	
				1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			2,332,223	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			82,272	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			2,249,951	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			0	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			12,320	5.00
6.00	Total adjusted visits (line 4 plus line 5)			12,320	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			182.63	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		83.45	84.70	8.00
9.00	Rate for Program covered visits (see instructions)		83.45	84.70	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		2,660	875	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		221,977	74,113	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	296,090	16.00
16.01	Total program charges (see instructions)(from contractor's records)			438,326	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			6,651	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			4,493	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			190,636	16.04
16.05	Total program cost (see instructions)		0	195,129	16.05
17.00	Primary payer amounts			222	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			53,302	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			77,005	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			194,907	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			45,336	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			240,243	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			240,243	26.00
26.01	Sequestration adjustment (see instructions)			4,805	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			187,419	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			48,019	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2018 To 03/31/2019	Worksheet M-4 Date/Time Prepared: 8/26/2019 1:15 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		145,856	145,856	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.004689	0.014764	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		684	2,153	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		26,958	8,219	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		27,642	10,372	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		1,077,625	1,077,625	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,254,598	1,254,598	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.025651	0.009625	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		32,182	12,076	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		59,824	22,448	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		196	618	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		305.22	36.32	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		117	265	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		35,711	9,625	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			82,272	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			45,336	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0164 Component CCN: 14-3454	Period: From 04/01/2018 To 03/31/2019	Worksheet M-5 Date/Time Prepared: 8/26/2019 1:15 pm	
			RHC I	Cost	
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		187,419	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	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			0		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		187,419		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			0		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50			0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		48,019		6.01
6.02	SETTLEMENT TO PROGRAM		0		6.02
7.00	Total Medicare program liability (see instructions)		235,438		7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00