

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: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/28/2019 10:08 am
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**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 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.

Date: 2/28/2019 Time: 10:08 am

**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 OSF SACRED HEART MEDICAL CENTER ( 14-0093 ) for the cost reporting period beginning 02/01/2018 and ending 09/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	7,239	-44,377	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	7,239	-44,377	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: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 10:08 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:						1.00	
2.00	City: DANVILLE			State: IL		Zip Code: 61821		County: VERMILION		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		OSF SACRED HEART MEDICAL CENTER	140093	19180	1	07/01/1966	0	P	0	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										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)						02/01/2018	09/30/2018		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		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.					2	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 days	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.			505	870	0	0	723	87	24.00	

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		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	XVII	XI		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00	
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria 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	

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	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			
62.00	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	
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00	

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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

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		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
					1.00	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	
					1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>							
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.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	300,000		0		0	
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
DO NOT USE THIS LINE							
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
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 10:08 am
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		1.00	2.00					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149006	140.00				
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS		Contractor's Number: 0131				
142.00	Street: 800 N.E. GLEN OAK AVENUE	PO Box:						
143.00	City: PEORIA	State: IL		Zip Code: 61603				
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00			
		1.00	2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00				
				1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00			
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
								1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0	168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99	169.00			
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			02/01/2018	09/30/2018	170.00		



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0093	Period:	Worksheet S-2
		From 02/01/2018	Part I
		To 09/30/2018	Date/Time Prepared: 2/28/2019 10:08 am
		1.00	2.00
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/28/2019 10:08 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	02/01/2018			1.00	
		Y/N	Date				
		1.00	2.00				
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	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/21/2019	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					2.00
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00		
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00		
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00		
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00		
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00		
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00		
		Y/N					
		1.00					2.00
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	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00		
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/17/2018	Y	12/17/2018	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00		
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/28/2019 10:08 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
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.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/28/2019 10:08 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	DI RECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2019 10:08 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	145	57,420	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)		145	57,420	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,752	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		157	62,172	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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		157				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2019 10:08 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,898	403	8,205			1.00
2.00 HMO and other (see instructions)	1,948	1,593				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,898	403	8,205			7.00
8.00 INTENSIVE CARE UNIT	562	66	1,217			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		36	656			13.00
14.00 Total (see instructions)	4,460	505	10,078	0.00	699.92	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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	699.92	27.00
28.00 Observation Bed Days		464	1,998			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	87	118			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2019 10:08 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,202	51	2,873	1.00
2.00 HMO and other (see instructions)				483	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,202	51	2,873	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							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: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S-3 Part II Date/Time Prepared: 2/28/2019 10:08 am			
	Wkst. A Line Number	Amount Reported	Reclassification 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	18,497,625	0	18,497,625	615,100.00	30.07	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		1,500	0	1,500	12.00	125.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		286,315	0	286,315	11,082.00	25.84	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		1,245,934	0	1,245,934	15,993.00	77.90	11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		70,378	0	70,378	527.00	133.54	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		4,358,693	0	4,358,693	117,487.00	37.10	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		5,138,671	0	5,138,671			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		80,793	0	80,793			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		422	0	422			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,366,104	0	1,366,104			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/28/2019 10:08 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,895,794	0	1,895,794	46,787.00	40.52	27.00
28.00	Administrative & General under contract (see inst.)		317,217	0	317,217	2,489.00	127.45	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	645,149	0	645,149	22,039.00	29.27	30.00
31.00	Laundry & Linen Service	8.00	23,713	0	23,713	1,381.00	17.17	31.00
32.00	Housekeeping	9.00	575,217	0	575,217	36,331.00	15.83	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	348,893	-246,020	102,873	7,262.00	14.17	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	246,020	246,020	17,368.00	14.17	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	648,724	0	648,724	25,854.00	25.09	38.00
39.00	Central Services and Supply	14.00	241,885	0	241,885	11,419.00	21.18	39.00
40.00	Pharmacy	15.00	665,988	0	665,988	14,218.00	46.84	40.00
41.00	Medical Records & Medical Records Library	16.00	359,620	0	359,620	15,668.00	22.95	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: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/28/2019 10:08 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	18,813,342	0	18,813,342	617,577.00	30.46	1.00
2.00	Excluded area salaries (see instructions)	286,315	0	286,315	11,082.00	25.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	18,527,027	0	18,527,027	606,495.00	30.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,675,005	0	5,675,005	134,007.00	42.35	4.00
5.00	Subtotal wage-related costs (see inst.)	6,504,775	0	6,504,775	0.00	35.11	5.00
6.00	Total (sum of lines 3 thru 5)	30,706,807	0	30,706,807	740,502.00	41.47	6.00
7.00	Total overhead cost (see instructions)	5,722,200	0	5,722,200	200,816.00	28.49	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2019 10:08 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		607,764	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
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)		3,140,786	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		280,000	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		1,163,604	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		2,578	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		25,153	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,219,885	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S-3 Part V Date/Time Prepared: 2/28/2019 10:08 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,245,934	5,219,885	1.00
2.00	Hospital	1,245,934	5,219,885	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/28/2019 10:08 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.166515	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		8,903,059	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		75,226,723	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,526,378	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,623,319	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,623,319	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,023,819	1,061,520	8,085,339	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,169,571	1,061,520	2,231,091	21.00
22.00	Payments received from patients for amounts previously written off as charity care	400	0	400	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,169,171	1,061,520	2,230,691	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		8,316,232		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		173,580		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		267,047		27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,049,185		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,433,777		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,664,468		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,287,787		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet A	
Date/Time Prepared: 2/28/2019 10:08 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,251,987	2,251,987	262,505	2,514,492	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,145,015	1,145,015	117,598	1,262,613	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,029,000	6,029,000	914,252	6,943,252	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,895,794	14,342,356	16,238,150	-1,238,302	14,999,848	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	730,737	730,737	34,861	765,598	6.00
7.00	00700	OPERATION OF PLANT	645,149	1,040,005	1,685,154	0	1,685,154	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,713	167,761	191,474	0	191,474	8.00
9.00	00900	HOUSEKEEPING	575,217	100,579	675,796	0	675,796	9.00
10.00	01000	DIETARY	348,893	514,890	863,783	-609,092	254,691	10.00
11.00	01100	CAFETERIA	0	0	0	609,092	609,092	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	648,724	75,799	724,523	0	724,523	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	241,885	-615,313	-373,428	762,078	388,650	14.00
15.00	01500	PHARMACY	665,988	4,817,387	5,483,375	-3,922,458	1,560,917	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	359,620	72,726	432,346	0	432,346	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,209,897	1,301,084	5,510,981	-898,493	4,612,488	30.00
31.00	03100	INTENSIVE CARE UNIT	888,679	360,829	1,249,508	-87,284	1,162,224	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	97	484,462	484,559	-31,034	453,525	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	731,511	1,966,384	2,697,895	-1,265,639	1,432,256	50.00
50.01	03330	ENDOSCOPY	562,394	91,104	653,498	-70,590	582,908	50.01
51.00	05100	RECOVERY ROOM	202,176	2,026	204,202	-1,662	202,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	623,613	623,613	52.00
53.00	05300	ANESTHESIOLOGY	25,466	1,745,811	1,771,277	-53,813	1,717,464	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	638,580	43,416	681,996	-199,412	482,584	54.00
54.01	03630	ULTRASOUND	150,167	47,125	197,292	876	198,168	54.01
54.02	03440	MAMMOGRAPHY	51,863	23,879	75,742	20,828	96,570	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	303,275	21,628	324,903	-2,134	322,769	55.00
55.01	03480	ONCOLOGY	385,109	52,259	437,368	-29,226	408,142	55.01
56.00	05600	RADIOISOTOPE	72,403	101,994	174,397	29,125	203,522	56.00
57.00	05700	CT SCAN	291,155	86,593	377,748	-38,669	339,079	57.00
58.00	05800	MRI	95,911	7,655	103,566	32,481	136,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,017,680	1,160,930	2,178,610	48,983	2,227,593	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	175,340	175,340	-661	174,679	63.00
65.00	06500	RESPIRATORY THERAPY	699,959	252,383	952,342	-138,602	813,740	65.00
66.00	06600	PHYSICAL THERAPY	0	438,185	438,185	31,868	470,053	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,998	183,988	249,986	13,513	263,499	67.00
68.00	06800	SPEECH PATHOLOGY	0	71,794	71,794	6,139	77,933	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	226,789	8,159	234,948	-10,236	224,712	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-21,159	-21,159	846,685	825,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	811,250	811,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,078,385	4,078,385	73.00
74.00	07400	RENAL DIALYSIS	83,416	78,281	161,697	-49,572	112,125	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	2,103,802	823,088	2,926,890	-268,723	2,658,167	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		327,885	327,885	-327,885	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,211,310	40,508,052	58,719,362	645	58,720,007	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	31,610	36,172	67,782	0	67,782	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet A Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	161,151	161,151	0	161,151	192.00
192.01	19201	APOTHECARY	0	2,210	2,210	-519	1,691	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	209,788	209,788	0	209,788	192.03
192.04	19204	OUTREACH PROGRAMS	254,705	19,159	273,864	-126	273,738	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	18,497,625	40,936,532	59,434,157	0	59,434,157	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	691,680	3,206,172	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,049,415	2,312,028	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,578	6,940,674	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-5,498,242	9,501,606	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	765,598	6.00
7.00	00700	OPERATION OF PLANT	-48,617	1,636,537	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	191,474	8.00
9.00	00900	HOUSEKEEPING	-313	675,483	9.00
10.00	01000	DIETARY	-57	254,634	10.00
11.00	01100	CAFETERIA	-178,651	430,441	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	264,736	989,259	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-528	388,122	14.00
15.00	01500	PHARMACY	0	1,560,917	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,042	425,304	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-685,288	3,927,200	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,162,224	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	-408,000	45,525	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	1,432,256	50.00
50.01	03330	ENDOSCOPY	0	582,908	50.01
51.00	05100	RECOVERY ROOM	0	202,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	623,613	52.00
53.00	05300	ANESTHESIOLOGY	-1,688,767	28,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	482,584	54.00
54.01	03630	ULTRASOUND	0	198,168	54.01
54.02	03440	MAMMOGRAPHY	0	96,570	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	322,769	55.00
55.01	03480	ONCOLOGY	0	408,142	55.01
56.00	05600	RADIOISOTOPE	0	203,522	56.00
57.00	05700	CT SCAN	0	339,079	57.00
58.00	05800	MRI	0	136,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	2,227,593	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	174,679	63.00
65.00	06500	RESPIRATORY THERAPY	0	813,740	65.00
66.00	06600	PHYSICAL THERAPY	-105	469,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	-140	263,359	67.00
68.00	06800	SPEECH PATHOLOGY	-105	77,828	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	0	224,712	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	825,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	811,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,078,385	73.00
74.00	07400	RENAL DIALYSIS	-1,865	110,260	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-225,391	2,432,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,739,858	51,980,149	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	67,782	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	161,151	192.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet A Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
192.01	19201 APOTHECARY	0	1,691	192.01
192.02	19202 REAL ESTATE	0	0	192.02
192.03	19203 FOUNDATION	0	209,788	192.03
192.04	19204 OUTREACH PROGRAMS	0	273,738	192.04
192.05	19205 UNASSIGNED	0	0	192.05
200.00	TOTAL (SUM OF LINES 118 through 199)	-6,739,858	52,694,299	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PREPAID INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	45,139	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,079	2.00
	0		0	52,218	
<b>B - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	217,366	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	110,519	2.00
	0		0	327,885	
<b>C - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,078,385	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
	0		0	4,078,385	
<b>D - SHARED RADIOLOGY</b>					
1.00	ULTRASOUND	54.01	38,699	1,127	1.00
2.00	MAMMOGRAPHY	54.02	38,699	1,127	2.00
3.00	RADIOISOTOPE	56.00	38,699	1,127	3.00
4.00	CT SCAN	57.00	38,699	1,127	4.00
5.00	MRI	58.00	38,699	1,127	5.00
	0		193,495	5,635	
<b>E - DIETARY/CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	246,020	363,072	1.00
	0		246,020	363,072	
<b>F - LABOR &amp; DELIVERY</b>					
1.00	NURSERY	43.00	33,232	3,743	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	560,488	63,125	2.00
	0		593,720	66,868	
<b>G - MED SUPPLIES CHG TO PAT</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,661,523	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	0		0	1,661,523	

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>H - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	811,250	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
	<b>TOTALS</b>		0	811,250	
<b>I - CLINICAL ENGINEERING</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,353	1.00
2.00	LABORATORY	60.00	0	97,278	2.00
	<b>TOTALS</b>		0	103,631	
<b>J - MINISTRY RECLASS</b>					
1.00	MAINTENANCE & REPAIRS	6.00	0	138,492	1.00
2.00	PHARMACY	15.00	0	74,004	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	914,252	3.00
4.00	PHYSICAL THERAPY	66.00	0	37,466	4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	15,731	5.00
6.00	SPEECH PATHOLOGY	68.00	0	6,139	6.00
	<b>TOTALS</b>		0	1,186,084	
<b>K - INVENTORY ADJUSTMENT RECLASS</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	814,838	1.00
	<b>TOTALS</b>		0	814,838	
500.00	<b>Grand Total: Increases</b>		1,033,235	9,471,389	500.00

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-6  
Date/Time Prepared:  
2/28/2019 10:08 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - PREPAID INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	52,218	12		1.00
2.00		0.00	0	0	12		2.00
	O		0	52,218			
<b>B - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	327,885	11		1.00
2.00		0.00	0	0	11		2.00
	O		0	327,885			
<b>C - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	3,996,462	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	8,800	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	7,466	0		3.00
4.00	NURSERY	43.00	0	2,133	0		4.00
5.00	OPERATING ROOM	50.00	0	2,641	0		5.00
6.00	ENDOSCOPY	50.01	0	1,391	0		6.00
7.00	RECOVERY ROOM	51.00	0	261	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	8,979	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,556	0		9.00
10.00	ULTRASOUND	54.01	0	5	0		10.00
11.00	MAMMOGRAPHY	54.02	0	99	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	173	0		12.00
13.00	ONCOLOGY	55.01	0	1,052	0		13.00
14.00	RADIOISOTOPE	56.00	0	7,900	0		14.00
15.00	CT SCAN	57.00	0	18,566	0		15.00
16.00	MRI	58.00	0	859	0		16.00
17.00	LABORATORY	60.00	0	611	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	283	0		18.00
19.00	CARDIOLOGY	69.01	0	47	0		19.00
20.00	RENAL DIALYSIS	74.00	0	3,066	0		20.00
21.00	EMERGENCY	91.00	0	15,516	0		21.00
22.00	APOTHECARY	192.01	0	519	0		22.00
	O		0	4,078,385			
<b>D - SHARED RADIOLOGY</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	193,495	5,635	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	O		193,495	5,635			
<b>E - DIETARY/CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	246,020	363,072	0		1.00
	O		246,020	363,072			
<b>F - LABOR &amp; DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	593,720	66,868	0		1.00
2.00		0.00	0	0	0		2.00
	O		593,720	66,868			
<b>G - MED SUPPLIES CHG TO PAT</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,099	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	226,196	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	79,818	0		3.00
4.00	NURSERY	43.00	0	60,058	0		4.00
5.00	OPERATING ROOM	50.00	0	467,136	0		5.00
6.00	ENDOSCOPY	50.01	0	69,199	0		6.00
7.00	RECOVERY ROOM	51.00	0	1,401	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	44,834	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,079	0		9.00
10.00	ULTRASOUND	54.01	0	38,945	0		10.00
11.00	MAMMOGRAPHY	54.02	0	18,899	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,961	0		12.00
13.00	ONCOLOGY	55.01	0	28,174	0		13.00
14.00	RADIOISOTOPE	56.00	0	2,801	0		14.00
15.00	CT SCAN	57.00	0	59,929	0		15.00
16.00	MRI	58.00	0	6,486	0		16.00
17.00	LABORATORY	60.00	0	47,684	0		17.00
18.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	661	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	138,319	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	5,598	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	2,218	0		21.00
22.00	CARDIOLOGY	69.01	0	10,189	0		22.00
23.00	RENAL DIALYSIS	74.00	0	46,506	0		23.00
24.00	EMERGENCY	91.00	0	253,207	0		24.00
25.00	OUTREACH PROGRAMS	192.04	0	126	0		25.00

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		0	1,661,523		
<b>H - IMPLANTS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,661	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,909	0	2.00
3.00	NURSERY	43.00	0	5,818	0	3.00
4.00	OPERATING ROOM	50.00	0	795,862	0	4.00
	<b>TOTALS</b>		0	811,250		
<b>I - CLINICAL ENGINEERING</b>						
1.00	MAINTENANCE & REPAIRS	6.00	0	103,631	0	1.00
2.00		0.00	0	0	0	2.00
	<b>TOTALS</b>		0	103,631		
<b>J - MINISTRY RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,186,084	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	<b>TOTALS</b>		0	1,186,084		
<b>K - INVENTORY ADJUSTMENT RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	814,838	0	1.00
	<b>TOTALS</b>		0	814,838		
500.00	<b>Grand Total: Decreases</b>		1,033,235	9,471,389		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
2/28/2019 10:08 am

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,150,230	5,770	0	5,770	0 1.00	
2.00	Land Improvements	743,743	152,757	0	152,757	0 2.00	
3.00	Buildings and Fixtures	31,251,012	8,617,127	0	8,617,127	0 3.00	
4.00	Building Improvements	761,180	0	0	0	761,180 4.00	
5.00	Fixed Equipment	0	0	0	0	0 5.00	
6.00	Movable Equipment	39,097,175	0	0	0	32,365,757 6.00	
7.00	HIT designated Assets	0	0	0	0	0 7.00	
8.00	Subtotal (sum of lines 1-7)	74,003,340	8,775,654	0	8,775,654	33,126,937 8.00	
9.00	Reconciling Items	0	-15,131,263	0	-15,131,263	0 9.00	
10.00	Total (line 8 minus line 9)	74,003,340	23,906,917	0	23,906,917	33,126,937 10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,156,000	0			1.00	
2.00	Land Improvements	896,500	0			2.00	
3.00	Buildings and Fixtures	39,868,139	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	6,731,418	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	49,652,057	0			8.00	
9.00	Reconciling Items	-15,131,263	0			9.00	
10.00	Total (line 8 minus line 9)	64,783,320	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,206,848	0	0	45,139	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,137,936	0	0	7,079	0	2.00
3.00	Total (sum of lines 1-2)	3,344,784	0	0	52,218	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,251,987	1.00			
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,145,015	2.00			
3.00	Total (sum of lines 1-2)	0	3,397,002	3.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	42,920,639	0	42,920,639	0.864428	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,731,418	0	6,731,418	0.135572	0	2.00
3.00	Total (sum of lines 1-2)	49,652,057	0	49,652,057	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	2,571,623	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,021,138	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,592,761	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	544,271	90,278	0	0	3,206,172	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	276,732	14,158	0	0	2,312,028	2.00
3.00	Total (sum of lines 1-2)	821,003	104,436	0	0	5,518,200	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-8

Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-23,227	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00 Television and radio service (chapter 21)	A	-29,892	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,755,386			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	384,757			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-178,651	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees 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	-4,262	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	897,853	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0	0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0ADULTS & PEDIATRICS	30.00		30.99

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
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	MISC REVENUE	B	-2,124		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
37.00	ADVERTISING	A	-490		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.00
38.00	ADVERTISING	A	-240		CENTRAL SERVICES & SUPPLY	14.00	0	38.00
39.00	MEDICAID ASSESSMENT TAX	A	-3,916,957		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
40.00	IHA LOBBYING FEES	A	-15,134		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
42.00	AHA LOBBYING FEES	A	-3,905		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00	TRAVEL	A	-27,081		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	TRAVEL	A	-2,339		OPERATION OF PLANT	7.00	0	44.00
45.00	TRAVEL	A	-313		HOUSEKEEPING	9.00	0	45.00
48.00	TRAVEL	A	-8,796		NURSING ADMINISTRATION	13.00	0	48.00
49.00	TRAVEL	A	-183		CENTRAL SERVICES & SUPPLY	14.00	0	49.00
49.01	TRAVEL	A	-2,780		MEDICAL RECORDS & LIBRARY	16.00	0	49.01
49.02	PATIENT TELEPHONES	A	-105		PHYSICAL THERAPY	66.00	0	49.02
49.03	PATIENT TELEPHONES	A	-105		SPEECH PATHOLOGY	68.00	0	49.03
49.04	PATIENT TELEPHONES	A	-140		OCCUPATIONAL THERAPY	67.00	0	49.04
49.05	PATIENT TELEPHONES	A	-57		DIETARY	10.00	0	49.05
49.06	PATIENT TELEPHONES	A	-105		CENTRAL SERVICES & SUPPLY	14.00	0	49.06
49.07	PATIENT TELEPHONES	A	-46,278		OPERATION OF PLANT	7.00	0	49.07
49.08	CRNA SERVICES	A	-1,340		ANESTHESIOLOGY	53.00	0	49.08
49.09	TAXES	A	-2,578		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,739,858					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: 14-0093  
 Period: From 02/01/2018 To 09/30/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 2/28/2019 10:08 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL BLDG	201,549	734,627	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL MME	883,202	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST BLDG	326,905	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE INTEREST MME	166,213	0	3.01
3.02	5.06	OTHER ADMINISTRATIVE AND GEN	HO POOLED - ADMIN & GENERAL	2,818,923	6,525,259	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	914,252	914,252	3.03
3.04	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	37,466	37,466	3.04
3.05	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	15,731	15,731	3.05
3.06	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	6,139	6,139	3.06
3.07	6.00	MAINTENANCE & REPAIRS	MINISTRY ALLOCATION	138,492	138,492	3.07
3.08	17.00	SOCIAL SERVICE	MINISTRY ALLOCATION	432,027	432,027	3.08
3.09	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION	162,168	162,168	3.09
3.10	15.00	PHARMACY	MINISTRY ALLOCATION	74,004	74,004	3.10
3.11	15.00	PHARMACY	MINISTRY ALLOCATION	402,302	402,302	3.11
3.12	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	273,532	0	3.12
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	HO FUNCTION - ADMIN & GENERA	2,974,319	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,827,224	9,442,467	5.00

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet A-8-1 Date/Time Prepared: 2/28/2019 10:08 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	-533,078	9	1.00
2.00	883,202	9	2.00
3.00	326,905	11	3.00
3.01	166,213	11	3.01
3.02	-3,706,336	0	3.02
3.03	0	0	3.03
3.04	0	0	3.04
3.05	0	0	3.05
3.06	0	9	3.06
3.07	0	0	3.07
3.08	0	0	3.08
3.09	0	0	3.09
3.10	0	0	3.10
3.11	0	0	3.11
3.12	273,532	0	3.12
4.00	2,974,319	0	4.00
5.00	384,757		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:  
2/28/2019 10:08 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	754,635	739,057	15,578	211,500	71	1.00
2.00	30.00	ADULTS & PEDIATRICS	685,288	685,288	0	0	0	2.00
3.00	43.00	NURSERY	408,000	408,000	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,687,427	1,687,427	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	16,000	0	16,000	271,900	128	5.00
6.00	60.00	LABORATORY	28,800	0	28,800	260,300	248	6.00
7.00	74.00	RENAL DIALYSIS	10,000	0	10,000	211,500	80	7.00
8.00	91.00	EMERGENCY	225,391	225,391	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,815,541	3,745,163	70,378		527	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	7,220	361	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	16,732	837	0	0	0	5.00
6.00	60.00	LABORATORY	31,036	1,552	0	0	0	6.00
7.00	74.00	RENAL DIALYSIS	8,135	407	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			63,123	3,157	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	7,220	8,358	747,415		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	685,288		2.00
3.00	43.00	NURSERY	0	0	0	408,000		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	1,687,427		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	16,732	0	0		5.00
6.00	60.00	LABORATORY	0	31,036	0	0		6.00
7.00	74.00	RENAL DIALYSIS	0	8,135	1,865	1,865		7.00
8.00	91.00	EMERGENCY	0	0	0	225,391		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	63,123	10,223	3,755,386		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,206,172	3,206,172			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,312,028		2,312,028		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,940,674	0	0	6,940,674	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINITTING	0	0	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	9,501,606	153,365	689,846	711,340	5.06
6.00 00600	MAINTENANCE & REPAIRS	765,598	6,078	0	0	6.00
7.00 00700	OPERATION OF PLANT	1,636,537	1,580,516	0	242,073	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	191,474	1,998	0	8,898	8.00
9.00 00900	HOUSEKEEPING	675,483	13,668	0	215,833	9.00
10.00 01000	DIETARY	254,634	133,276	0	38,600	10.00
11.00 01100	CAFETERIA	430,441	0	0	92,312	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	989,259	31,841	153,743	243,414	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	388,122	0	0	90,760	14.00
15.00 01500	PHARMACY	1,560,917	11,256	0	249,892	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	425,304	31,178	0	134,937	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	3,927,200	377,566	10,054	1,356,855	30.00
31.00 03100	INTENSIVE CARE UNIT	1,162,224	50,086	0	333,450	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00 04300	NURSERY	45,525	3,779	0	12,506	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,432,256	185,848	83,607	274,478	50.00
50.01 03330	ENDOSCOPY	582,908	69,108	49,695	211,021	50.01
51.00 05100	RECOVERY ROOM	202,540	13,989	0	75,860	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	623,613	63,703	0	210,306	52.00
53.00 05300	ANESTHESIOLOGY	28,697	5,322	69,081	9,555	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	482,584	78,085	131,075	167,005	54.00
54.01 03630	ULTRASOUND	198,168	7,290	32,651	70,866	54.01
54.02 03440	MAMMOGRAPHY	96,570	17,800	21,121	33,981	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	322,769	9,236	442,056	113,795	55.00
55.01 03480	ONCOLOGY	408,142	0	153,571	144,501	55.01
56.00 05600	RADIOISOTOPE	203,522	8,429	0	41,688	56.00
57.00 05700	CT SCAN	339,079	14,942	154,135	123,768	57.00
58.00 05800	MRI	136,047	12,446	271,366	50,508	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	2,227,593	84,329	4,093	381,854	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	174,679	0	862	0	63.00
65.00 06500	RESPIRATORY THERAPY	813,740	44,318	2,512	262,639	65.00
66.00 06600	PHYSICAL THERAPY	469,948	25,856	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	263,359	3,075	0	24,764	67.00
68.00 06800	SPEECH PATHOLOGY	77,828	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03140	CARDIOLOGY	224,712	19,560	32,105	85,096	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	825,526	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	811,250	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,078,385	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	110,260	0	0	31,299	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	2,432,776	125,106	10,455	789,389	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51,980,149	3,183,049	2,312,028	6,833,243	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	67,782	16,278	0	11,861	0
192.00 19200	PHYSICIANS PRIVATE OFFICES	161,151	0	0	0	0
192.01 19201	APOTHECARY	1,691	0	0	0	0
192.02 19202	REAL ESTATE	0	0	0	0	0
192.03 19203	FOUNDATION	209,788	6,845	0	0	0
192.04 19204	OUTREACH PROGRAMS	273,738	0	0	95,570	0
192.05 19205	UNASSIGNED	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	52,694,299	3,206,172	2,312,028	6,940,674	0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center	Description	DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINISTRATIVE 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING	0			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0		5.03
5.04	00570	ADMINISTRATIVE	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	11,056,157 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	771,676 6.00
7.00	00700	OPERATION OF PLANT	0	0	0	3,459,126 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	202,370 8.00
9.00	00900	HOUSEKEEPING	0	0	0	904,984 9.00
10.00	01000	DIETARY	0	0	0	426,510 10.00
11.00	01100	CAFETERIA	0	0	0	522,753 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,418,257 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	478,882 14.00
15.00	01500	PHARMACY	0	0	0	1,822,065 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	591,419 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0 22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	5,671,675 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,545,760 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0 32.00
43.00	04300	NURSERY	0	0	0	61,810 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0	0	1,976,189 50.00
50.01	03330	ENDOSCOPY	0	0	0	912,732 50.01
51.00	05100	RECOVERY ROOM	0	0	0	292,389 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	897,622 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	112,655 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	858,749 54.00
54.01	03630	ULTRASOUND	0	0	0	308,975 54.01
54.02	03440	MAMMOGRAPHY	0	0	0	169,472 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	887,856 55.00
55.01	03480	ONCOLOGY	0	0	0	706,214 55.01
56.00	05600	RADIOISOTOPE	0	0	0	253,639 56.00
57.00	05700	CT SCAN	0	0	0	631,924 57.00
58.00	05800	MRI	0	0	0	470,367 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	2,697,869 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	175,541 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,123,209 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	495,804 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	291,198 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	77,828 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0 69.00
69.01	03140	CARDIOLOGY	0	0	0	361,473 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	825,526 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	811,250 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,078,385 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	141,559 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	0	0	0	3,357,726 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	51,849,595 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	95,921 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	161,151 192.00
192.01	19201	APOTHECARY	0	0	0	1,691 192.01



COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	216,633	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	369,308	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	52,694,299	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,056,157					5.06
6.00	00600	MAINTENANCE & REPAIRS	204,903	976,579				6.00
7.00	00700	OPERATION OF PLANT	918,502	506,605	4,884,233			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,735	641	6,657	263,403		8.00
9.00	00900	HOUSEKEEPING	240,300	4,381	45,532	0	1,195,197	9.00
10.00	01000	DIETARY	113,251	42,720	443,968	0	109,817	10.00
11.00	01100	CAFETERIA	138,807	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	376,590	10,206	106,068	3,406	26,234	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,158	0	0	0	0	14.00
15.00	01500	PHARMACY	483,813	3,608	37,495	0	9,270	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	157,039	9,994	103,860	0	25,692	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,505,980	121,023	1,257,741	78,441	366,723	30.00
31.00	03100	INTENSIVE CARE UNIT	410,446	16,054	166,846	11,289	41,266	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	16,412	1,211	12,590	4,461	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	524,737	59,570	619,092	8,732	153,134	50.00
50.01	03330	ENDOSCOPY	242,358	22,151	230,211	2,562	56,942	50.01
51.00	05100	RECOVERY ROOM	77,638	4,484	46,601	4,532	11,524	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	238,346	20,419	212,205	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,913	1,706	17,730	15,039	4,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	228,024	25,029	260,117	11,603	64,331	54.00
54.01	03630	ULTRASOUND	82,042	2,337	24,284	3,803	5,999	54.01
54.02	03440	MAMMOGRAPHY	45,000	5,705	59,295	2,290	14,659	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	235,752	2,961	30,768	2,046	7,609	55.00
55.01	03480	ONCOLOGY	187,521	0	0	2,896	0	55.01
56.00	05600	RADIO SOTOPE	67,349	2,702	28,078	3,420	6,948	56.00
57.00	05700	CT SCAN	167,795	4,789	49,774	7,877	12,321	57.00
58.00	05800	MRI	124,897	3,990	41,461	2,263	10,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	716,365	27,030	280,916	0	69,483	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	46,611	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	298,246	14,206	147,633	0	36,521	65.00
66.00	06600	PHYSICAL THERAPY	131,651	8,288	86,131	2,296	21,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	77,322	986	10,245	1,233	2,525	67.00
68.00	06800	SPEECH PATHOLOGY	20,666	0	0	369	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	95,982	6,270	65,159	2,357	16,117	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	219,202	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	215,411	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,082,934	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	37,588	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	891,577	40,101	416,752	92,488	103,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,831,863	969,167	4,807,209	263,403	1,176,149	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	25,470	5,218	54,224	0	13,405	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	42,790	0	0	0	0	192.00
192.01	19201	APOTHECARY	449	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	57,523	2,194	22,800	0	5,643	192.03
192.04	19204	OUTREACH PROGRAMS	98,062	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	11,056,157	976,579	4,884,233	263,403	1,195,197	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,136,266					10.00
11.00	01100	CAFETERIA	0	661,560				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	24,485	0	1,965,246		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	606,040	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,402	0	60,346	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,120,330	103,274	0	358,189	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,936	35,378	0	122,711	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	5,134	0	17,830	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	47,102	0	163,361	0	50.00
50.01	03330	ENDOSCOPY	0	13,269	0	46,021	0	50.01
51.00	05100	RECOVERY ROOM	0	6,700	0	23,239	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,084	0	121,683	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,346	0	4,648	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,092	0	41,945	0	54.00
54.01	03630	ULTRASOUND	0	4,707	0	16,306	0	54.01
54.02	03440	MAMMOGRAPHY	0	2,339	0	8,115	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,482	0	43,278	0	55.00
55.01	03480	ONCOLOGY	0	56,281	0	195,210	0	55.01
56.00	05600	RADIOISOTOPE	0	3,199	0	11,124	0	56.00
57.00	05700	CT SCAN	0	8,789	0	30,478	0	57.00
58.00	05800	MRI	0	3,141	0	10,896	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	51,037	0	177,000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	27,515	0	95,434	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,791	0	47,812	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,414	0	25,716	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	8,223	0	28,497	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	407,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	198,825	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,302	0	7,962	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	88,643	0	307,445	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,136,266	591,129	0	1,965,246	606,040	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,456	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	54,280	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	14,695	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	1,136,266	661,560	0	1,965,246	606,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/28/2019 10:08 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	2,356,251				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	965,752			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	95,035	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,844	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300	NURSERY	0	3,716	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	70,764	0	0	50.00
50.01	03330	ENDOSCOPY	0	5,477	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,976	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,882	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,257	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,336	0	0	54.00
54.01	03630	ULTRASOUND	0	10,761	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	2,887	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,450	0	0	55.00
55.01	03480	ONCOLOGY	0	12,206	0	0	55.01
56.00	05600	RADIOISOTOPE	0	5,863	0	0	56.00
57.00	05700	CT SCAN	0	100,735	0	0	57.00
58.00	05800	MRI	0	17,232	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	128,378	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	1,899	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	28,765	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,719	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,017	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,245	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	31,726	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,239	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,102	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,356,251	164,265	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,588	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	153,388	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,356,251	965,752	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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	APOTHECARY	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,356,251	965,752	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
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Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	10,678,411	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	2,379,530	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	0	0	0	123,164	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	3,622,681	0 50.00
50.01 03330	ENDOSCOPY	0	0	0	1,531,723	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	469,083	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,532,241	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	207,683	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,527,226	0 54.00
54.01 03630	ULTRASOUND	0	0	0	459,214	0 54.01
54.02 03440	MAMMOGRAPHY	0	0	0	309,762	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,254,202	0 55.00
55.01 03480	ONCOLOGY	0	0	0	1,160,328	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	382,322	0 56.00
57.00 05700	CT SCAN	0	0	0	1,014,482	0 57.00
58.00 05800	MRI	0	0	0	684,500	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	4,148,078	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	224,051	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	1,771,529	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	815,795	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	420,656	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	100,108	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01 03140	CARDIOLOGY	0	0	0	615,804	0 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,453,182	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,240,588	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,681,835	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	191,999	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	0	0	5,451,209	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	51,451,386	0 118.00



COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00					
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	195,694	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	258,221	0	192.00
192.01	19201	APOTHECARY	0	0	0	2,140	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	304,793	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	482,065	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	0	0	0	52,694,299	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMEDICAL EDUCATION PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	10,678,411	30.00
31.00	03100 INTENSIVE CARE UNIT	2,379,530	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
43.00	04300 NURSERY	123,164	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	3,622,681	50.00
50.01	03330 ENDOSCOPY	1,531,723	50.01
51.00	05100 RECOVERY ROOM	469,083	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,532,241	52.00
53.00	05300 ANESTHESIOLOGY	207,683	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,527,226	54.00
54.01	03630 ULTRASOUND	459,214	54.01
54.02	03440 MAMMOGRAPHY	309,762	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,254,202	55.00
55.01	03480 ONCOLOGY	1,160,328	55.01
56.00	05600 RADIOISOTOPE	382,322	56.00
57.00	05700 CT SCAN	1,014,482	57.00
58.00	05800 MRI	684,500	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	4,148,078	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	224,051	63.00
65.00	06500 RESPIRATORY THERAPY	1,771,529	65.00
66.00	06600 PHYSICAL THERAPY	815,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	420,656	67.00
68.00	06800 SPEECH PATHOLOGY	100,108	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03140 CARDIOLOGY	615,804	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,453,182	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,240,588	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,681,835	73.00
74.00	07400 RENAL DIALYSIS	191,999	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	5,451,209	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51,451,386	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	195,694	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	258,221	192.00
192.01	19201 APOTHECARY	2,140	192.01
192.02	19202 REAL ESTATE	0	192.02
192.03	19203 FOUNDATION	304,793	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description		Total	
		26.00	
192.04	19204 OUTREACH PROGRAMS	482,065	192.04
192.05	19205 UNASSIGNED	0	192.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	52,694,299	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	153,365	689,846	843,211	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	6,078	0	6,078	6.00
7.00 00700	OPERATION OF PLANT	0	1,580,516	0	1,580,516	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,998	0	1,998	8.00
9.00 00900	HOUSEKEEPING	0	13,668	0	13,668	9.00
10.00 01000	DIETARY	0	133,276	0	133,276	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	31,841	153,743	185,584	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	11,256	0	11,256	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	31,178	0	31,178	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	377,566	10,054	387,620	30.00
31.00 03100	INTENSIVE CARE UNIT	0	50,086	0	50,086	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00 04300	NURSERY	0	3,779	0	3,779	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	185,848	83,607	269,455	50.00
50.01 03330	ENDOSCOPY	0	69,108	49,695	118,803	50.01
51.00 05100	RECOVERY ROOM	0	13,989	0	13,989	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	63,703	0	63,703	52.00
53.00 05300	ANESTHESIOLOGY	0	5,322	69,081	74,403	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	78,085	131,075	209,160	54.00
54.01 03630	ULTRASOUND	0	7,290	32,651	39,941	54.01
54.02 03440	MAMMOGRAPHY	0	17,800	21,121	38,921	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	9,236	442,056	451,292	55.00
55.01 03480	ONCOLOGY	0	0	153,571	153,571	55.01
56.00 05600	RADIOISOTOPE	0	8,429	0	8,429	56.00
57.00 05700	CT SCAN	0	14,942	154,135	169,077	57.00
58.00 05800	MRI	0	12,446	271,366	283,812	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	84,329	4,093	88,422	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	0	862	862	63.00
65.00 06500	RESPIRATORY THERAPY	0	44,318	2,512	46,830	65.00
66.00 06600	PHYSICAL THERAPY	0	25,856	0	25,856	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,075	0	3,075	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03140	CARDIOLOGY	0	19,560	32,105	51,665	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	125,106	10,455	135,561	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,183,049	2,312,028	5,495,077	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	16,278	0	16,278	0 190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	APOTHECARY	0	0	0	0	0 192.01
192.02 19202	REAL ESTATE	0	0	0	0	0 192.02
192.03 19203	FOUNDATION	0	6,845	0	6,845	0 192.03
192.04 19204	OUTREACH PROGRAMS	0	0	0	0	0 192.04
192.05 19205	UNASSIGNED	0	0	0	0	0 192.05
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	0	3,206,172	2,312,028	5,518,200	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/AC COUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMINING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	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	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIO SOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
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	APOTHECARY	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am		
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE		
			5.01	5.02	5.03	5.04	5.05		
192.02	19202	REAL ESTATE	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	843,211					5.06
6.00	00600	MAINTENANCE & REPAIRS	15,627	21,705				6.00
7.00	00700	OPERATION OF PLANT	70,051	11,260	1,661,827			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,098	14	2,265	8,375		8.00
9.00	00900	HOUSEKEEPING	18,327	97	15,492	0	47,584	9.00
10.00	01000	DIETARY	8,637	949	151,057	0	4,372	10.00
11.00	01100	CAFETERIA	10,586	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	28,721	227	36,089	108	1,044	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,698	0	0	0	0	14.00
15.00	01500	PHARMACY	36,899	80	12,757	0	369	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,977	222	35,338	0	1,023	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	114,854	2,690	427,938	2,494	14,598	30.00
31.00	03100	INTENSIVE CARE UNIT	31,303	357	56,768	359	1,643	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	1,252	27	4,284	142	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	40,020	1,324	210,642	278	6,097	50.00
50.01	03330	ENDOSCOPY	18,484	492	78,328	81	2,267	50.01
51.00	05100	RECOVERY ROOM	5,921	100	15,856	144	459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,178	454	72,201	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,281	38	6,032	478	175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,391	556	88,503	369	2,561	54.00
54.01	03630	ULTRASOUND	6,257	52	8,262	121	239	54.01
54.02	03440	MAMMOGRAPHY	3,432	127	20,175	73	584	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	17,980	66	10,469	65	303	55.00
55.01	03480	ONCOLOGY	14,302	0	0	92	0	55.01
56.00	05600	RADIO SOTOPE	5,136	60	9,553	109	277	56.00
57.00	05700	CT SCAN	12,797	106	16,935	250	491	57.00
58.00	05800	MRI	9,525	89	14,107	72	408	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	54,635	601	95,580	0	2,766	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,555	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,746	316	50,231	0	1,454	65.00
66.00	06600	PHYSICAL THERAPY	10,041	184	29,305	73	848	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,897	22	3,486	39	101	67.00
68.00	06800	SPEECH PATHOLOGY	1,576	0	0	12	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	7,320	139	22,170	75	642	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,718	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,429	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,591	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,867	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	67,997	891	141,797	2,941	4,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	826,106	21,540	1,635,620	8,375	46,825	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,942	116	18,449	0	534	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,263	0	0	0	0	192.00
192.01	19201	APOTHECARY	34	0	0	0	0	192.01



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	4,387	49	7,758	0	225	192.03
192.04	19204	OUTREACH PROGRAMS	7,479	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	843,211	21,705	1,661,827	8,375	47,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			10.00	11.00	12.00	13.00	14.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	298,291				10.00
11.00	01100	CAFETERIA	0	10,586			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	392	0	252,165	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	9,698
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	278	0	7,743	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	294,107	1,653	0	45,962	0
31.00	03100	INTENSIVE CARE UNIT	4,184	566	0	15,745	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	0	82	0	2,288	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	754	0	20,961	0
50.01	03330	ENDOSCOPY	0	212	0	5,905	0
51.00	05100	RECOVERY ROOM	0	107	0	2,982	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	561	0	15,613	0
53.00	05300	ANESTHESIOLOGY	0	22	0	596	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	193	0	5,382	0
54.01	03630	ULTRASOUND	0	75	0	2,092	0
54.02	03440	MAMMOGRAPHY	0	37	0	1,041	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	200	0	5,553	0
55.01	03480	ONCOLOGY	0	901	0	25,048	0
56.00	05600	RADIO SOTOPE	0	51	0	1,427	0
57.00	05700	CT SCAN	0	141	0	3,911	0
58.00	05800	MRI	0	50	0	1,398	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	817	0	22,711	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	440	0	12,245	0
66.00	06600	PHYSICAL THERAPY	0	221	0	6,135	0
67.00	06700	OCCUPATIONAL THERAPY	0	119	0	3,300	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	0	132	0	3,656	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,516
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,182
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	37	0	1,022	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	1,418	0	39,449	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	298,291	9,459	0	252,165	9,698
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	23	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	869	0	0	0
192.01	19201	APOTHECARY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
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Cost Center Description			DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	235	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	298,291	10,586	0	252,165	9,698	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	61,361				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,759			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	8,634	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,258	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
43.00	04300	NURSERY	0	338	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	6,429	0		50.00
50.01	03330	ENDOSCOPY	0	498	0		50.01
51.00	05100	RECOVERY ROOM	0	179	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	625	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,840	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,302	0		54.00
54.01	03630	ULTRASOUND	0	978	0		54.01
54.02	03440	MAMMOGRAPHY	0	262	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,857	0		55.00
55.01	03480	ONCOLOGY	0	1,109	0		55.01
56.00	05600	RADIOISOTOPE	0	533	0		56.00
57.00	05700	CT SCAN	0	9,152	0		57.00
58.00	05800	MRI	0	1,566	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	11,663	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	172	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	2,613	0		65.00
66.00	06600	PHYSICAL THERAPY	0	792	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	365	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	113	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140	CARDIOLOGY	0	2,882	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	113	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,372	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,361	14,944	0		73.00
74.00	07400	RENAL DIALYSIS	0	235	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	13,935	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,361	87,759	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
192.01	19201	APOTHECARY	0	0	0		192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	REAL ESTATE	0	0	0			192.02
192.03	19203	FOUNDATION	0	0	0			192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0			192.04
192.05	19205	UNASSIGNED	0	0	0			192.05
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)	61,361	87,759	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMEDICAL EDUCATION PROGRAM		
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS			1,300,550	0 30.00
31.00 03100	INTENSIVE CARE UNIT			162,269	0 31.00
32.00 03200	CORONARY CARE UNIT			0	0 32.00
43.00 04300	NURSERY			12,192	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM			555,960	0 50.00
50.01 03330	ENDOSCOPY			225,070	0 50.01
51.00 05100	RECOVERY ROOM			39,737	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			171,335	0 52.00
53.00 05300	ANESTHESIOLOGY			85,865	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			326,417	0 54.00
54.01 03630	ULTRASOUND			58,017	0 54.01
54.02 03440	MAMMOGRAPHY			64,652	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			488,785	0 55.00
55.01 03480	ONCOLOGY			195,023	0 55.01
56.00 05600	RADIOISOTOPE			25,575	0 56.00
57.00 05700	CT SCAN			212,860	0 57.00
58.00 05800	MRI			311,027	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			0	0 59.00
60.00 06000	LABORATORY			277,195	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0 62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.			4,589	0 63.00
65.00 06500	RESPIRATORY THERAPY			136,875	0 65.00
66.00 06600	PHYSICAL THERAPY			73,455	0 66.00
67.00 06700	OCCUPATIONAL THERAPY			16,404	0 67.00
68.00 06800	SPEECH PATHOLOGY			1,701	0 68.00
69.00 06900	ELECTROCARDIOLOGY			0	0 69.00
69.01 03140	CARDIOLOGY			88,681	0 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			23,347	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			20,983	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			158,896	0 73.00
74.00 07400	RENAL DIALYSIS			4,161	0 74.00
76.97 07697	CARDIAC REHABILITATION			0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY			0	0 76.98
76.99 07699	LITHOTRIpsy			0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY			408,093	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	5,449,714 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
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To 09/30/2018

Worksheet B  
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Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMEDICAL EDUCATION PROGRAM				
	21.00	22.00	23.00				
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			37,342	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES			4,132	0	192.00
192.01	19201	APOTHECARY			34	0	192.01
192.02	19202	REAL ESTATE			0	0	192.02
192.03	19203	FOUNDATION			19,264	0	192.03
192.04	19204	OUTREACH PROGRAMS			7,714	0	192.04
192.05	19205	UNASSIGNED			0	0	192.05
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	5,518,200	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMEDICAL EDUCATION PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	1,300,550	30.00
31.00	03100 INTENSIVE CARE UNIT	162,269	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
43.00	04300 NURSERY	12,192	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	555,960	50.00
50.01	03330 ENDOSCOPY	225,070	50.01
51.00	05100 RECOVERY ROOM	39,737	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	171,335	52.00
53.00	05300 ANESTHESIOLOGY	85,865	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	326,417	54.00
54.01	03630 ULTRASOUND	58,017	54.01
54.02	03440 MAMMOGRAPHY	64,652	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	488,785	55.00
55.01	03480 ONCOLOGY	195,023	55.01
56.00	05600 RADIOISOTOPE	25,575	56.00
57.00	05700 CT SCAN	212,860	57.00
58.00	05800 MRI	311,027	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	277,195	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	4,589	63.00
65.00	06500 RESPIRATORY THERAPY	136,875	65.00
66.00	06600 PHYSICAL THERAPY	73,455	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,404	67.00
68.00	06800 SPEECH PATHOLOGY	1,701	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03140 CARDIOLOGY	88,681	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23,347	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,983	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	158,896	73.00
74.00	07400 RENAL DIALYSIS	4,161	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	408,093	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,449,714	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	37,342	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	4,132	192.00
192.01	19201 APOTHECARY	34	192.01
192.02	19202 REAL ESTATE	0	192.02
192.03	19203 FOUNDATION	19,264	192.03



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description		Total	
		26.00	
192.04	19204 OUTREACH PROGRAMS	7,714	192.04
192.05	19205 UNASSIGNED	0	192.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,518,200	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	309,632				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,145,015			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	18,497,625		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	1,220	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	14,811	341,641	1,895,794	58	5.06
6.00	00600	MAINTENANCE & REPAIRS	587	0	0	2	6.00
7.00	00700	OPERATION OF PLANT	152,636	0	645,149	601	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	193	0	23,713	1	8.00
9.00	00900	HOUSEKEEPING	1,320	0	575,217	5	9.00
10.00	01000	DIETARY	12,871	0	102,873	51	10.00
11.00	01100	CAFETERIA	0	0	246,020	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,075	76,140	648,724	12	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	241,885	0	14.00
15.00	01500	PHARMACY	1,087	0	665,988	4	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,011	0	359,620	12	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	36,463	4,979	3,616,177	169	30.00
31.00	03100	INTENSIVE CARE UNIT	4,837	0	888,679	19	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300	NURSERY	365	0	33,329	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,948	41,406	731,511	71	50.00
50.01	03330	ENDOSCOPY	6,674	24,611	562,394	26	50.01
51.00	05100	RECOVERY ROOM	1,351	0	202,176	5	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,152	0	560,488	0	52.00
53.00	05300	ANESTHESIOLOGY	514	34,212	25,466	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,541	64,914	445,085	30	54.00
54.01	03630	ULTRASOUND	704	16,170	188,866	3	54.01
54.02	03440	MAMMOGRAPHY	1,719	10,460	90,562	7	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	892	218,925	303,275	4	55.00
55.01	03480	ONCOLOGY	0	76,055	385,109	0	55.01
56.00	05600	RADIOISOTOPE	814	0	111,102	3	56.00
57.00	05700	CT SCAN	1,443	76,334	329,854	6	57.00
58.00	05800	MRI	1,202	134,392	134,610	5	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,144	2,027	1,017,680	32	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	427	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	1,244	699,959	17	65.00
66.00	06600	PHYSICAL THERAPY	2,497	0	0	10	66.00
67.00	06700	OCCUPATIONAL THERAPY	297	0	65,998	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	1,889	15,900	226,789	7	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	83,416	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	12,082	5,178	2,103,802	48	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	307,399	1,145,015	18,211,310	1,211	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,572	0	31,610	6	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	661	0	0	3	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	254,705	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	3,206,172	2,312,028	6,940,674	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.354782	2.019212	0.375220	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet B-1	
Date/Time Prepared: 2/28/2019 10:08 am								
Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)			
	5.03	5.04	5.05	5A.06	5.06			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540	NONPATIENT TELEPHONES							5.01
5.02 00550	DATA PROCESSING							5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0						5.03
5.04 00570	ADMITTING	0	0					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0				5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-11,056,157	41,638,142		5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	771,676		6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	3,459,126		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	202,370		8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	904,984		9.00
10.00 01000	DIETARY	0	0	0	0	426,510		10.00
11.00 01100	CAFETERIA	0	0	0	0	522,753		11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	1,418,257		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	478,882		14.00
15.00 01500	PHARMACY	0	0	0	0	1,822,065		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	591,419		16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0		17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	5,671,675		30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	1,545,760		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
43.00 04300	NURSERY	0	0	0	0	61,810		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	0	0	0	0	1,976,189		50.00
50.01 03330	ENDOSCOPY	0	0	0	0	912,732		50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	292,389		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	897,622		52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	112,655		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	858,749		54.00
54.01 03630	ULTRASOUND	0	0	0	0	308,975		54.01
54.02 03440	MAMMOGRAPHY	0	0	0	0	169,472		54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	887,856		55.00
55.01 03480	ONCOLOGY	0	0	0	0	706,214		55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	253,639		56.00
57.00 05700	CT SCAN	0	0	0	0	631,924		57.00
58.00 05800	MRI	0	0	0	0	470,367		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0	2,697,869		60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	175,541		63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	1,123,209		65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	495,804		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	291,198		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	77,828		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
69.01 03140	CARDIOLOGY	0	0	0	0	361,473		69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	825,526		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	811,250		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,078,385		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	141,559		74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0		76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00 09100	EMERGENCY	0	0	0	0	3,357,726		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00 11300	INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	-11,056,157	40,793,438		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	95,921		190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/AC COUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	161,151	192.00
192.01	19201	APOTHECARY	0	0	0	0	1,691	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	216,633	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	369,308	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0		11,056,157	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		0.265530	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0		843,211	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.020251	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: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet B-1	
Date/Time Prepared: 2/28/2019 10:08 am							
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	294,234				6.00
7.00	00700	OPERATION OF PLANT	152,636	141,598			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	193	193	292,564		8.00
9.00	00900	HOUSEKEEPING	1,320	1,320	0	70,525	9.00
10.00	01000	DIETARY	12,871	12,871	0	6,480	33,155
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,075	3,075	3,783	1,548	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	1,087	1,087	0	547	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,011	3,011	0	1,516	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	36,463	36,463	87,125	21,639	32,690
31.00	03100	INTENSIVE CARE UNIT	4,837	4,837	12,539	2,435	465
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	365	365	4,955	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,948	17,948	9,699	9,036	0
50.01	03330	ENDOSCOPY	6,674	6,674	2,846	3,360	0
51.00	05100	RECOVERY ROOM	1,351	1,351	5,034	680	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,152	6,152	0	0	0
53.00	05300	ANESTHESIOLOGY	514	514	16,704	259	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,541	7,541	12,887	3,796	0
54.01	03630	ULTRASOUND	704	704	4,224	354	0
54.02	03440	MAMMOGRAPHY	1,719	1,719	2,543	865	0
55.00	05500	RADIOLOGY-THERAPEUTIC	892	892	2,272	449	0
55.01	03480	ONCOLOGY	0	0	3,217	0	0
56.00	05600	RADIOISOTOPE	814	814	3,799	410	0
57.00	05700	CT SCAN	1,443	1,443	8,749	727	0
58.00	05800	MRI	1,202	1,202	2,513	605	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	8,144	8,144	0	4,100	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,280	4,280	0	2,155	0
66.00	06600	PHYSICAL THERAPY	2,497	2,497	2,550	1,257	0
67.00	06700	OCCUPATIONAL THERAPY	297	297	1,370	149	0
68.00	06800	SPEECH PATHOLOGY	0	0	410	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	1,889	1,889	2,618	951	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIpsy	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	12,082	12,082	102,727	6,083	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	292,001	139,365	292,564	69,401	33,155
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,572	1,572	0	791	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	661	661	0	333	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	976,579	4,884,233	263,403	1,195,197	1,136,266	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.319056	34.493658	0.900326	16.947139	34.271332	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,705	1,661,827	8,375	47,584	298,291	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.073768	11.736232	0.028626	0.674711	8.996863	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: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet B-1 Date/Time Prepared: 2/28/2019 10:08 am			
Cost Center	Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	89,946					11.00
12.00	01200	0	0				12.00
13.00	01300	3,329	0	51,585			13.00
14.00	01400	0	0	0	2,472,773		14.00
15.00	01500	0	0	0	0	2,330,972	15.00
16.00	01600	2,366	0	1,584	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	14,041	0	9,402	0	0	30.00
31.00	03100	4,810	0	3,221	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	698	0	468	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,404	0	4,288	0	0	50.00
50.01	03330	1,804	0	1,208	0	0	50.01
51.00	05100	911	0	610	0	0	51.00
52.00	05200	4,770	0	3,194	0	0	52.00
53.00	05300	183	0	122	0	0	53.00
54.00	05400	1,644	0	1,101	0	0	54.00
54.01	03630	640	0	428	0	0	54.01
54.02	03440	318	0	213	0	0	54.02
55.00	05500	1,697	0	1,136	0	0	55.00
55.01	03480	7,652	0	5,124	0	0	55.01
56.00	05600	435	0	292	0	0	56.00
57.00	05700	1,195	0	800	0	0	57.00
58.00	05800	427	0	286	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	6,939	0	4,646	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,741	0	2,505	0	0	65.00
66.00	06600	1,875	0	1,255	0	0	66.00
67.00	06700	1,008	0	675	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	1,118	0	748	0	0	69.01
71.00	07100	0	0	0	1,661,523	0	71.00
72.00	07200	0	0	0	811,250	0	72.00
73.00	07300	0	0	0	0	2,330,972	73.00
74.00	07400	313	0	209	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	12,052	0	8,070	0	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		80,370	0	51,585	2,472,773	2,330,972	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	198	0	0	0	0	190.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	7,380	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,998	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	661,560	0	1,965,246	606,040	2,356,251	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.355080	0.000000	38.097238	0.245085	1.010845	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,586	0	252,165	9,698	61,361	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.117693	0.000000	4.888340	0.003922	0.026324	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: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
	16.00	17.00	19.00	20.00	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	308,989,573					16.00
17.00 01700 SOCIAL SERVICE	0	10,000				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	30,401,469	7,645	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,428,673	1,242	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00 04300 NURSERY	1,188,699	513	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	22,637,096	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	1,752,051	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	632,036	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,201,469	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	6,480,114	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,104,826	0	0	0	0	54.00
54.01 03630 ULTRASOUND	3,442,329	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	923,699	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	10,060,842	0	0	0	0	55.00
55.01 03480 ONCOLOGY	3,904,679	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	1,875,699	0	0	0	0	56.00
57.00 05700 CT SCAN	32,224,938	0	0	0	0	57.00
58.00 05800 MRI	5,512,418	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	41,067,857	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	607,359	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	9,201,831	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	2,789,122	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,284,905	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	398,138	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	10,149,205	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	396,310	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,831,026	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	52,596,454	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	827,815	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	49,068,514	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	308,989,573	10,000	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
	16.00	17.00	19.00	20.00	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
<b>NONREIMBURSABLE COST CENTERS</b>						
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	APOTHECARY	0	0	0	0	0 192.01
192.02 19202	REAL ESTATE	0	0	0	0	0 192.02
192.03 19203	FOUNDATION	0	0	0	0	0 192.03
192.04 19204	OUTREACH PROGRAMS	0	0	0	0	0 192.04
192.05 19205	UNASSIGNED	0	0	0	0	0 192.05
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)	965,752	0	0	0	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003126	0.000000	0.000000	0.000000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	87,759	0	0	0	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000284	0.000000	0.000000	0.000000	0.000000 205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01 00540 NONPATIENT TELEPHONES			5.01	
5.02 00550 DATA PROCESSING			5.02	
5.03 00560 PURCHASING RECEIVING AND STORES			5.03	
5.04 00570 ADMITTING			5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL			5.06	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
7.00 00700 OPERATION OF PLANT			7.00	
8.00 00800 LAUNDRY & LINEN SERVICE			8.00	
9.00 00900 HOUSEKEEPING			9.00	
10.00 01000 DIETARY			10.00	
11.00 01100 CAFETERIA			11.00	
12.00 01200 MAINTENANCE OF PERSONNEL			12.00	
13.00 01300 NURSING ADMINISTRATION			13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00	
15.00 01500 PHARMACY			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00	
17.00 01700 SOCIAL SERVICE			17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00	
20.00 02000 NURSING SCHOOL			20.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00	
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	32.00	
43.00 04300 NURSERY	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	50.00	
50.01 03330 ENDOSCOPY	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 03630 ULTRASOUND	0	0	54.01	
54.02 03440 MAMMOGRAPHY	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
55.01 03480 ONCOLOGY	0	0	55.01	
56.00 05600 RADIOISOTOPE	0	0	56.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	0	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
69.01 03140 RADIOLOGY	0	0	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300 INTEREST EXPENSE			113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00		
<b>NONREIMBURSABLE COST CENTERS</b>			
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 APOTHECARY	0	0	192.01
192.02 19202 REAL ESTATE	0	0	192.02
192.03 19203 FOUNDATION	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	192.04
192.05 19205 UNASSIGNED	0	0	192.05
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am	
			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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		10,678,411			30.00
31.00	03100 INTENSIVE CARE UNIT		2,379,530			31.00
32.00	03200 CORONARY CARE UNIT		0			32.00
43.00	04300 NURSERY		123,164			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		3,622,681			50.00
50.01	03330 ENDOSCOPY		1,531,723			50.01
51.00	05100 RECOVERY ROOM		469,083			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,532,241			52.00
53.00	05300 ANESTHESIOLOGY		207,683			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,527,226			54.00
54.01	03630 ULTRASOUND		459,214			54.01
54.02	03440 MAMMOGRAPHY		309,762			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		1,254,202			55.00
55.01	03480 ONCOLOGY		1,160,328			55.01
56.00	05600 RADIOISOTOPE		382,322			56.00
57.00	05700 CT SCAN		1,014,482			57.00
58.00	05800 MRI		684,500			58.00
59.00	05900 CARDIAC CATHETERIZATION		0			59.00
60.00	06000 LABORATORY		4,148,078			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0			62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.		224,051			63.00
65.00	06500 RESPIRATORY THERAPY	0	1,771,529			65.00
66.00	06600 PHYSICAL THERAPY	0	815,795			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	420,656			67.00
68.00	06800 SPEECH PATHOLOGY	0	100,108			68.00
69.00	06900 ELECTROCARDIOLOGY		0			69.00
69.01	03140 RADIOLOGY		615,804			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1,453,182			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,240,588			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,681,835			73.00
74.00	07400 RENAL DIALYSIS		191,999			74.00
76.97	07697 CARDIAC REHABILITATION		0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0			76.98
76.99	07699 LI THOTRI PSY		0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		5,451,209			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,091,107			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		53,542,493	0	1,865	200.00
201.00	Less Observation Beds		2,091,107			201.00
202.00	Total (see instructions)		51,451,386	0	1,865	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	26,589,133		26,589,133				30.00
31.00	03100	INTENSIVE CARE UNIT	4,428,673		4,428,673				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
43.00	04300	NURSERY	1,188,699		1,188,699				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,853,323	14,783,773	22,637,096	0.160033	0.000000		50.00
50.01	03330	ENDOSCOPY	73,299	1,678,752	1,752,051	0.874246	0.000000		50.01
51.00	05100	RECOVERY ROOM	261,207	370,829	632,036	0.742178	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,201,074	395	2,201,469	0.696008	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,805,870	3,674,244	6,480,114	0.032049	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,784,614	6,320,212	8,104,826	0.188434	0.000000		54.00
54.01	03630	ULTRASOUND	410,005	3,032,324	3,442,329	0.133402	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0	923,699	923,699	0.335350	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	36,983	10,023,859	10,060,842	0.124662	0.000000		55.00
55.01	03480	ONCOLOGY	13,579	3,891,100	3,904,679	0.297163	0.000000		55.01
56.00	05600	RADIO SOTOPE	337,780	1,537,919	1,875,699	0.203829	0.000000		56.00
57.00	05700	CT SCAN	7,327,195	24,897,743	32,224,938	0.031481	0.000000		57.00
58.00	05800	MRI	1,190,392	4,322,026	5,512,418	0.124174	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	18,224,879	22,842,978	41,067,857	0.101005	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	334,663	272,696	607,359	0.368894	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	6,185,369	3,016,462	9,201,831	0.192519	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,351,658	1,437,464	2,789,122	0.292492	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	751,058	533,847	1,284,905	0.327383	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	233,041	165,097	398,138	0.251440	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000		69.00
69.01	03140	CARDIOLOGY	4,773,191	5,376,014	10,149,205	0.060675	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,855	145,455	396,310	3.666781	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,700,691	2,130,335	4,831,026	0.256796	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,569,267	38,027,187	52,596,454	0.146052	0.000000		73.00
74.00	07400	RENAL DIALYSIS	769,113	58,702	827,815	0.231935	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	8,068,883	40,999,631	49,068,514	0.111094	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,331,158	2,481,178	3,812,336	0.548511	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	116,045,652	192,943,921	308,989,573				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	116,045,652	192,943,921	308,989,573				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.160033		50.00
50.01	03330 ENDOSCOPY	0.874246		50.01
51.00	05100 RECOVERY ROOM	0.742178		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.696008		52.00
53.00	05300 ANESTHESIOLOGY	0.032049		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188434		54.00
54.01	03630 ULTRASOUND	0.133402		54.01
54.02	03440 MAMMOGRAPHY	0.335350		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124662		55.00
55.01	03480 ONCOLOGY	0.297163		55.01
56.00	05600 RADIOISOTOPE	0.203829		56.00
57.00	05700 CT SCAN	0.031481		57.00
58.00	05800 MRI	0.124174		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.101005		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.368894		63.00
65.00	06500 RESPIRATORY THERAPY	0.192519		65.00
66.00	06600 PHYSICAL THERAPY	0.292492		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.327383		67.00
68.00	06800 SPEECH PATHOLOGY	0.251440		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.060675		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3.666781		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.256796		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.146052		73.00
74.00	07400 RENAL DIALYSIS	0.234188		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.111094		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.548511		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		10,678,411		0	10,678,411	30.00
31.00	03100 INTENSIVE CARE UNIT		2,379,530		0	2,379,530	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
43.00	04300 NURSERY		123,164		0	123,164	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		3,622,681		0	3,622,681	50.00
50.01	03330 ENDOSCOPY		1,531,723		0	1,531,723	50.01
51.00	05100 RECOVERY ROOM		469,083		0	469,083	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,532,241		0	1,532,241	52.00
53.00	05300 ANESTHESIOLOGY		207,683		0	207,683	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,527,226		0	1,527,226	54.00
54.01	03630 ULTRASOUND		459,214		0	459,214	54.01
54.02	03440 MAMMOGRAPHY		309,762		0	309,762	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		1,254,202		0	1,254,202	55.00
55.01	03480 ONCOLOGY		1,160,328		0	1,160,328	55.01
56.00	05600 RADIOISOTOPE		382,322		0	382,322	56.00
57.00	05700 CT SCAN		1,014,482		0	1,014,482	57.00
58.00	05800 MRI		684,500		0	684,500	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		4,148,078		0	4,148,078	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0		0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.		224,051		0	224,051	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,771,529	0	0	1,771,529	65.00
66.00	06600 PHYSICAL THERAPY	0	815,795	0	0	815,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	420,656	0	0	420,656	67.00
68.00	06800 SPEECH PATHOLOGY	0	100,108	0	0	100,108	68.00
69.00	06900 ELECTROCARDIOLOGY		0		0	0	69.00
69.01	03140 RADIOLOGY		615,804		0	615,804	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1,453,182		0	1,453,182	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,240,588		0	1,240,588	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,681,835		0	7,681,835	73.00
74.00	07400 RENAL DIALYSIS		191,999		1,865	193,864	74.00
76.97	07697 CARDIAC REHABILITATION		0		0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	76.98
76.99	07699 LI THOTRI PSY		0		0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY		5,451,209		0	5,451,209	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,091,107		0	2,091,107	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		53,542,493	0	1,865	53,544,358	200.00
201.00	Less Observation Beds		2,091,107			2,091,107	201.00
202.00	Total (see instructions)		51,451,386	0	1,865	51,453,251	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	26,589,133		26,589,133			30.00
31.00	03100	INTENSIVE CARE UNIT	4,428,673		4,428,673			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
43.00	04300	NURSERY	1,188,699		1,188,699			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,853,323	14,783,773	22,637,096	0.160033	0.000000	50.00
50.01	03330	ENDOSCOPY	73,299	1,678,752	1,752,051	0.874246	0.000000	50.01
51.00	05100	RECOVERY ROOM	261,207	370,829	632,036	0.742178	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,201,074	395	2,201,469	0.696008	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,805,870	3,674,244	6,480,114	0.032049	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,784,614	6,320,212	8,104,826	0.188434	0.000000	54.00
54.01	03630	ULTRASOUND	410,005	3,032,324	3,442,329	0.133402	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	923,699	923,699	0.335350	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	36,983	10,023,859	10,060,842	0.124662	0.000000	55.00
55.01	03480	ONCOLOGY	13,579	3,891,100	3,904,679	0.297163	0.000000	55.01
56.00	05600	RADIOISOTOPE	337,780	1,537,919	1,875,699	0.203829	0.000000	56.00
57.00	05700	CT SCAN	7,327,195	24,897,743	32,224,938	0.031481	0.000000	57.00
58.00	05800	MRI	1,190,392	4,322,026	5,512,418	0.124174	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	18,224,879	22,842,978	41,067,857	0.101005	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	334,663	272,696	607,359	0.368894	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	6,185,369	3,016,462	9,201,831	0.192519	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,351,658	1,437,464	2,789,122	0.292492	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	751,058	533,847	1,284,905	0.327383	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	233,041	165,097	398,138	0.251440	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	4,773,191	5,376,014	10,149,205	0.060675	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,855	145,455	396,310	3.666781	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,700,691	2,130,335	4,831,026	0.256796	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,569,267	38,027,187	52,596,454	0.146052	0.000000	73.00
74.00	07400	RENAL DIALYSIS	769,113	58,702	827,815	0.231935	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	8,068,883	40,999,631	49,068,514	0.111094	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,331,158	2,481,178	3,812,336	0.548511	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	116,045,652	192,943,921	308,989,573			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	116,045,652	192,943,921	308,989,573			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 ENDOSCOPY	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	03630 ULTRASOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 CARDIOLOGY	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am	
			Title V	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		10,678,411			30.00
31.00	03100 INTENSIVE CARE UNIT		2,379,530			31.00
32.00	03200 CORONARY CARE UNIT		0			32.00
43.00	04300 NURSERY		123,164			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		3,622,681			50.00
50.01	03330 ENDOSCOPY		1,531,723			50.01
51.00	05100 RECOVERY ROOM		469,083			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,532,241			52.00
53.00	05300 ANESTHESIOLOGY		207,683			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,527,226			54.00
54.01	03630 ULTRASOUND		459,214			54.01
54.02	03440 MAMMOGRAPHY		309,762			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		1,254,202			55.00
55.01	03480 ONCOLOGY		1,160,328			55.01
56.00	05600 RADIOISOTOPE		382,322			56.00
57.00	05700 CT SCAN		1,014,482			57.00
58.00	05800 MRI		684,500			58.00
59.00	05900 CARDIAC CATHETERIZATION		0			59.00
60.00	06000 LABORATORY		4,148,078			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0			62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.		224,051			63.00
65.00	06500 RESPIRATORY THERAPY	0	1,771,529			65.00
66.00	06600 PHYSICAL THERAPY	0	815,795			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	420,656			67.00
68.00	06800 SPEECH PATHOLOGY	0	100,108			68.00
69.00	06900 ELECTROCARDIOLOGY		0			69.00
69.01	03140 RADIOLOGY		615,804			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1,453,182			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,240,588			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,681,835			73.00
74.00	07400 RENAL DIALYSIS		191,999			74.00
76.97	07697 CARDIAC REHABILITATION		0		1,865	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	76.98
76.99	07699 LI THOTRI PSY		0		0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		5,451,209			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,091,107			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		53,542,493	0	1,865	200.00
201.00	Less Observation Beds		2,091,107			201.00
202.00	Total (see instructions)		51,451,386	0	1,865	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am	
			Title V		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,589,133		26,589,133			30.00
31.00	03100	INTENSIVE CARE UNIT	4,428,673		4,428,673			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
43.00	04300	NURSERY	1,188,699		1,188,699			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,853,323	14,783,773	22,637,096	0.160033	0.000000	50.00
50.01	03330	ENDOSCOPY	73,299	1,678,752	1,752,051	0.874246	0.000000	50.01
51.00	05100	RECOVERY ROOM	261,207	370,829	632,036	0.742178	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,201,074	395	2,201,469	0.696008	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,805,870	3,674,244	6,480,114	0.032049	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,784,614	6,320,212	8,104,826	0.188434	0.000000	54.00
54.01	03630	ULTRASOUND	410,005	3,032,324	3,442,329	0.133402	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	923,699	923,699	0.335350	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	36,983	10,023,859	10,060,842	0.124662	0.000000	55.00
55.01	03480	ONCOLOGY	13,579	3,891,100	3,904,679	0.297163	0.000000	55.01
56.00	05600	RADIO SOTOPE	337,780	1,537,919	1,875,699	0.203829	0.000000	56.00
57.00	05700	CT SCAN	7,327,195	24,897,743	32,224,938	0.031481	0.000000	57.00
58.00	05800	MRI	1,190,392	4,322,026	5,512,418	0.124174	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	18,224,879	22,842,978	41,067,857	0.101005	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	334,663	272,696	607,359	0.368894	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	6,185,369	3,016,462	9,201,831	0.192519	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,351,658	1,437,464	2,789,122	0.292492	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	751,058	533,847	1,284,905	0.327383	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	233,041	165,097	398,138	0.251440	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	4,773,191	5,376,014	10,149,205	0.060675	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	250,855	145,455	396,310	3.666781	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,700,691	2,130,335	4,831,026	0.256796	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,569,267	38,027,187	52,596,454	0.146052	0.000000	73.00
74.00	07400	RENAL DIALYSIS	769,113	58,702	827,815	0.231935	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,068,883	40,999,631	49,068,514	0.111094	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,331,158	2,481,178	3,812,336	0.548511	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	116,045,652	192,943,921	308,989,573			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	116,045,652	192,943,921	308,989,573			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 10:08 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 ENDOSCOPY	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	03630 ULTRASOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet D Part I Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,300,550	0	1,300,550	10,203	127.47	30.00
31.00	INTENSIVE CARE UNIT	162,269		162,269	1,217	133.34	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	12,192		12,192	656	18.59	43.00
200.00	Total (lines 30 through 199)	1,475,011		1,475,011	12,076		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,898	496,878				
31.00	INTENSIVE CARE UNIT	562	74,937				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	4,460	571,815				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/28/2019 10:08 am
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	555,960	22,637,096	0.024560	3,190,366	78,355	50.00
50.01	03330 ENDOSCOPY	225,070	1,752,051	0.128461	73,299	9,416	50.01
51.00	05100 RECOVERY ROOM	39,737	632,036	0.062871	104,355	6,561	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	171,335	2,201,469	0.077828	6,967	542	52.00
53.00	05300 ANESTHESIOLOGY	85,865	6,480,114	0.013251	839,039	11,118	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	326,417	8,104,826	0.040274	865,201	34,845	54.00
54.01	03630 ULTRASOUND	58,017	3,442,329	0.016854	138,745	2,338	54.01
54.02	03440 MAMMOGRAPHY	64,652	923,699	0.069992	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	488,785	10,060,842	0.048583	36,983	1,797	55.00
55.01	03480 ONCOLOGY	195,023	3,904,679	0.049946	8,481	424	55.01
56.00	05600 RADIOISOTOPE	25,575	1,875,699	0.013635	199,542	2,721	56.00
57.00	05700 CT SCAN	212,860	32,224,938	0.006605	3,510,104	23,184	57.00
58.00	05800 MRI	311,027	5,512,418	0.056423	650,359	36,695	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	277,195	41,067,857	0.006750	8,345,204	56,330	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	4,589	607,359	0.007556	174,867	1,321	63.00
65.00	06500 RESPIRATORY THERAPY	136,875	9,201,831	0.014875	2,876,873	42,793	65.00
66.00	06600 PHYSICAL THERAPY	73,455	2,789,122	0.026336	684,906	18,038	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,404	1,284,905	0.012767	393,781	5,027	67.00
68.00	06800 SPEECH PATHOLOGY	1,701	398,138	0.004272	120,565	515	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	88,681	10,149,205	0.008738	2,484,297	21,708	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23,347	396,310	0.058911	71,668	4,222	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,983	4,831,026	0.004343	1,170,397	5,083	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	158,896	52,596,454	0.003021	6,483,518	19,587	73.00
74.00	07400 RENAL DIALYSIS	4,161	827,815	0.005026	545,798	2,743	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LIOTHOTRIpsy	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	408,093	49,068,514	0.008317	3,995,681	33,232	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	254,680	3,812,336	0.066804	676,072	45,164	92.00
200.00	Total (lines 50 through 199)	4,229,383	276,783,068		37,647,068	463,759	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/28/2019 10:08 am
Title XVIII			Hospital	PPS

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 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	10,203	0.00	3,898	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,217	0.00	562	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
43.00	04300	NURSERY	0	0	656	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	12,076		4,460	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	22,637,096	0.000000	50.00
50.01 03330 ENDOSCOPY	0	0	0	1,752,051	0.000000	51.00
51.00 05100 RECOVERY ROOM	0	0	0	632,036	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,201,469	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	6,480,114	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	8,104,826	0.000000	54.00
54.01 03630 ULTRASOUND	0	0	0	3,442,329	0.000000	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	923,699	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	10,060,842	0.000000	55.00
55.01 03480 ONCOLOGY	0	0	0	3,904,679	0.000000	55.01
56.00 05600 RADIOISOTOPE	0	0	0	1,875,699	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	32,224,938	0.000000	57.00
58.00 05800 MRI	0	0	0	5,512,418	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	41,067,857	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	607,359	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,201,831	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	2,789,122	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,284,905	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	398,138	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	10,149,205	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	396,310	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,831,026	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	52,596,454	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	827,815	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRIPTY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	49,068,514	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,812,336	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	276,783,068		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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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	3,190,366	0	4,831,131	0	50.00
50.01	03330 ENDOSCOPY	0.000000	73,299	0	155,015	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	104,355	0	61,411	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	6,967	0	395	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	839,039	0	976,816	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	865,201	0	1,183,512	0	54.00
54.01	03630 ULTRASOUND	0.000000	138,745	0	551,705	0	54.01
54.02	03440 MAMMOGRAPHY	0.000000	0	0	17,646	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	36,983	0	3,440,694	0	55.00
55.01	03480 ONCOLOGY	0.000000	8,481	0	1,105,936	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	199,542	0	628,916	0	56.00
57.00	05700 CT SCAN	0.000000	3,510,104	0	5,331,608	0	57.00
58.00	05800 MRI	0.000000	650,359	0	1,218,627	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	8,345,204	0	3,723,600	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	174,867	0	67,282	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,876,873	0	921,745	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	684,906	0	18,627	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	393,781	0	7,927	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	120,565	0	1,242	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	2,484,297	0	1,303,402	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71,668	0	34,446	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,170,397	0	844,594	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,483,518	0	15,729,068	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	545,798	0	11,600	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPTY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	3,995,681	0	4,644,722	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	676,072	0	334,566	0	92.00
200.00	Total (lines 50 through 199)		37,647,068	0	47,146,233	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 10:08 am			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.160033	4,831,131	0	0	773,140	50.00
50.01	03330 ENDOSCOPY	0.874246	155,015	0	0	135,521	50.01
51.00	05100 RECOVERY ROOM	0.742178	61,411	0	0	45,578	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.696008	395	0	0	275	52.00
53.00	05300 ANESTHESIOLOGY	0.032049	976,816	0	0	31,306	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188434	1,183,512	0	0	223,014	54.00
54.01	03630 ULTRASOUND	0.133402	551,705	0	0	73,599	54.01
54.02	03440 MAMMOGRAPHY	0.335350	17,646	0	0	5,918	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124662	3,440,694	0	0	428,924	55.00
55.01	03480 ONCOLOGY	0.297163	1,105,936	0	0	328,643	55.01
56.00	05600 RADIO SOTOPE	0.203829	628,916	0	0	128,191	56.00
57.00	05700 CT SCAN	0.031481	5,331,608	0	0	167,844	57.00
58.00	05800 MRI	0.124174	1,218,627	0	0	151,322	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.101005	3,723,600	1,105	0	376,102	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.368894	67,282	0	0	24,820	63.00
65.00	06500 RESPIRATORY THERAPY	0.192519	921,745	0	0	177,453	65.00
66.00	06600 PHYSICAL THERAPY	0.292492	18,627	0	0	5,448	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.327383	7,927	0	0	2,595	67.00
68.00	06800 SPEECH PATHOLOGY	0.251440	1,242	0	0	312	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.060675	1,303,402	0	0	79,084	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3.666781	34,446	0	0	126,306	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.256796	844,594	0	0	216,888	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.146052	15,729,068	0	58,237	2,297,262	73.00
74.00	07400 RENAL DIALYSIS	0.231935	11,600	0	0	2,690	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.111094	4,644,722	0	0	516,001	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.548511	334,566	0	0	183,513	92.00
200.00	Subtotal (see instructions)		47,146,233	1,105	58,237	6,501,749	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		47,146,233	1,105	58,237	6,501,749	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 10:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03330	ENDOSCOPY	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	03630	ULTRASOUND	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADIO SOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	112	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,506	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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)	112	8,506	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	112	8,506	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	10,203	0.00	403	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,217	0.00	66	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
43.00	04300	NURSERY		0	656	0.00	36	43.00	
200.00		Total (lines 30 through 199)		0	12,076		505	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Title XIX				Hospital		Allied Health Cost
	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	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Title XIX			Hospital	Cost	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	22,637,096	0.000000	50.00
50.01 03330 ENDOSCOPY	0	0	0	1,752,051	0.000000	51.00
51.00 05100 RECOVERY ROOM	0	0	0	632,036	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,201,469	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	6,480,114	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	8,104,826	0.000000	54.00
54.01 03630 ULTRASOUND	0	0	0	3,442,329	0.000000	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	923,699	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	10,060,842	0.000000	55.00
55.01 03480 ONCOLOGY	0	0	0	3,904,679	0.000000	55.01
56.00 05600 RADIOISOTOPE	0	0	0	1,875,699	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	32,224,938	0.000000	57.00
58.00 05800 MRI	0	0	0	5,512,418	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	41,067,857	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	607,359	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,201,831	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	2,789,122	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,284,905	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	398,138	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	10,149,205	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	396,310	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,831,026	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	52,596,454	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	827,815	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRIPTY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	49,068,514	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,812,336	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	276,783,068		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description		Title XIX				Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00	
50.01	03330 ENDOSCOPY	0.000000	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00	
54.01	03630 ULTRASOUND	0.000000	0	0	0	0	54.01	
54.02	03440 MAMMOGRAPHY	0.000000	0	0	0	0	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
55.01	03480 ONCOLOGY	0.000000	0	0	0	0	55.01	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800 MRI	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
69.01	03140 RADIOLOGY	0.000000	0	0	0	0	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LI THOTRIPTY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
200.00	Total (lines 50 through 199)		0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	10,203	0.00	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,217	0.00	0	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
43.00	04300	NURSERY		0	656	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	12,076		0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Title V				Hospital		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	Cost	
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Title V			Hospital	Cost	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	22,637,096	0.000000	50.00
50.01 03330 ENDOSCOPY	0	0	0	1,752,051	0.000000	51.00
51.00 05100 RECOVERY ROOM	0	0	0	632,036	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,201,469	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	6,480,114	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	8,104,826	0.000000	54.00
54.01 03630 ULTRASOUND	0	0	0	3,442,329	0.000000	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	923,699	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	10,060,842	0.000000	55.00
55.01 03480 ONCOLOGY	0	0	0	3,904,679	0.000000	55.01
56.00 05600 RADIOISOTOPE	0	0	0	1,875,699	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	32,224,938	0.000000	57.00
58.00 05800 MRI	0	0	0	5,512,418	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	41,067,857	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	607,359	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,201,831	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	2,789,122	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,284,905	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	398,138	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03140 RADIOLOGY	0	0	0	10,149,205	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	396,310	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,831,026	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	52,596,454	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	827,815	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	49,068,514	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,812,336	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	276,783,068		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 10:08 am
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Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Cost	
				Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
	9.00	10.00	11.00	12.00	13.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0 50.00
50.01 03330 ENDOSCOPY	0.000000	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0 54.00
54.01 03630 ULTRASOUND	0.000000	0	0	0	0 54.01
54.02 03440 MAMMOGRAPHY	0.000000	0	0	0	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
55.01 03480 ONCOLOGY	0.000000	0	0	0	0 55.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MRI	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.000000	0	0	0	0 60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
69.01 03140 RADIOLOGY	0.000000	0	0	0	0 69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99 07699 LI THOTRIPTY	0.000000	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0.000000	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0 92.00
200.00 Total (lines 50 through 199)		0	0	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/28/2019 10:08 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,203	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)		8,205	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,898	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
<b>SWING BED ADJUSTMENT</b>				
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)		10,678,411	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)		10,678,411	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		10,678,411	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,046.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,079,647	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,079,647	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/28/2019 10:08 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	2,379,530	1,217	1,955.24	562	1,098,845	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,528,825	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,707,317	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					571,815	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					463,759	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,035,574	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,671,743	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,998	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,046.60	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,091,107	89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,300,550	10,678,411	0.121792	2,091,107	254,680	90.00
91.00	Nursing School cost	0	10,678,411	0.000000	2,091,107	0	91.00
92.00	Allied health cost	0	10,678,411	0.000000	2,091,107	0	92.00
93.00	All other Medical Education	0	10,678,411	0.000000	2,091,107	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/28/2019 10:08 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,673,948	30.00
31.00	03100	INTENSIVE CARE UNIT		1,743,814	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.160033	3,190,366	50.00
50.01	03330	ENDOSCOPY	0.874246	73,299	50.01
51.00	05100	RECOVERY ROOM	0.742178	104,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.696008	6,967	52.00
53.00	05300	ANESTHESIOLOGY	0.032049	839,039	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188434	865,201	54.00
54.01	03630	ULTRASOUND	0.133402	138,745	54.01
54.02	03440	MAMMOGRAPHY	0.335350	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124662	36,983	55.00
55.01	03480	ONCOLOGY	0.297163	8,481	55.01
56.00	05600	RADIOISOTOPE	0.203829	199,542	56.00
57.00	05700	CT SCAN	0.031481	3,510,104	57.00
58.00	05800	MRI	0.124174	650,359	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.101005	8,345,204	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.368894	174,867	63.00
65.00	06500	RESPIRATORY THERAPY	0.192519	2,876,873	65.00
66.00	06600	PHYSICAL THERAPY	0.292492	684,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.327383	393,781	67.00
68.00	06800	SPEECH PATHOLOGY	0.251440	120,565	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.060675	2,484,297	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3.666781	71,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256796	1,170,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.146052	6,483,518	73.00
74.00	07400	RENAL DIALYSIS	0.234188	545,798	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.111094	3,995,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.548511	676,072	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		37,647,068	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)		37,647,068	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		7,273,966	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		8,832	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		248.65	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.39	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.43	31.00
32.00	Sum of lines 30 and 31		27.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.17	33.00
34.00	Disproportionate share adjustment (see instructions)		221,311	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 10:08 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	0	35.00
35.01	Factor 3 (see instructions)	0.000151310	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,023,890	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	678,853	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	678,853		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	8,182,962		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		8,182,962	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		621,812	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		8,804,774	59.00
60.00	Primary payer payments		2,955	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,801,819	61.00
62.00	Deductibles billed to program beneficiaries		1,076,020	62.00
63.00	Coinurance billed to program beneficiaries		5,695	63.00
64.00	Allowable bad debts (see instructions)		118,656	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		77,126	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		90,710	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,797,230	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		5,573	70.93
70.94	HRR adjustment amount (see instructions)		-162,209	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 10:08 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			7,640,594	71.00
71.01	Sequestration adjustment (see instructions)			152,812	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			7,480,543	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)			7,239	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			221,490	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
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	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2019 10:08 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,273,966	0	7,273,966		7,273,966	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	8,832	0	8,832	0	8,832	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1217	0.1217	0.1217	0.1217		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	221,311	0	221,311	0	221,311	11.00
11.01	Uncompensated care payments	36.00	678,853	0	678,853	0	678,853	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,182,962	0	8,182,962	0	8,182,962	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	8,182,962	0	8,182,962	0	8,182,962	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	621,812	0	621,812	0	621,812	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2019 10:08 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	8,804,774	0	8,804,774	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	587,524	0	587,524	0	587,524	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	270	0	270	0	270	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0579	0.0579	0.0579	0.0579		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	34,018	0	34,018	0	34,018	25.00
26.00	Total prospective capital payments (see instructions)	12.00	621,812	0	621,812	0	621,812	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0093		Period: From 02/01/2018 To 09/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/28/2019 10:08 am	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,273,966	7,273,966		7,273,966	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	8,832	8,832	0	8,832	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1217	0.1217	0.1217		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	221,311	221,311	0	221,311	11.00
11.01	Uncompensated care payments	36.00	678,853	678,853	0	678,853	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,182,962	8,182,962	0	8,182,962	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	8,182,962	8,182,962	0	8,182,962	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	621,812	621,812	0	621,812	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			8,804,774	0	8,804,774	19.00



HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/28/2019 10:08 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	587,524	587,524	0	587,524	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	270	270	0	270	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0579	0.0579	0.0579		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	34,018	34,018	0	34,018	25.00
26.00	Total prospective capital payments (see instructions)	12.00	621,812	621,812	0	621,812	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	5,573	5,573	0	5,573	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-162,209	-162,209	0	-162,209	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/28/2019 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,618	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		6,501,749	2.00
3.00	OPPTS payments		5,425,498	3.00
4.00	Outlier payment (see instructions)		5,428	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,618	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		59,342	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)		59,342	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		59,342	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		50,724	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)		8,618	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)		5,430,926	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		1,080,623	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)		4,358,921	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,358,921	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,358,921	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		148,391	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		96,454	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		80,361	36.00
37.00	Subtotal (see instructions)		4,455,375	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)		4,455,375	40.00
40.01	Sequestration adjustment (see instructions)		89,108	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,410,644	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-44,377	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/28/2019 10:08 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,480,543		4,410,644	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,480,543		4,410,644	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		7,239		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		44,377	6.02	
7.00	Total Medicare program liability (see instructions)		7,487,782		4,366,267	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: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/28/2019 10:08 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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

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

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet G  
Date/Time Prepared:  
2/28/2019 10:08 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	1,480,316	0	0	0	1.00
2.00	Temporary investments	394,609	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	97,034,972	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-82,950,169	0	0	0	6.00
7.00	Inventory	2,423,632	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	694,382	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)	19,077,742	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,156,000	0	0	0	12.00
13.00	Land improvements	978,000	0	0	0	13.00
14.00	Accumulated depreciation	-81,500	0	0	0	14.00
15.00	Buildings	48,201,268	0	0	0	15.00
16.00	Accumulated depreciation	-1,435,860	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	7,876,432	0	0	0	23.00
24.00	Accumulated depreciation	-1,145,014	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	56,549,326	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,233,994	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,233,994	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	83,861,062	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,117,305	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,950,435	0	0	0	38.00
39.00	Payroll taxes payable	131,761	0	0	0	39.00
40.00	Notes and loans payable (short term)	298,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,393,283	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,890,784	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	12,946,180	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	12,946,180	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,836,964	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	56,024,097				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	56,024,097	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	83,861,061	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet G-1

Date/Time Prepared:  
2/28/2019 10:08 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		68,760,958		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,900,320				2.00
3.00	Total (sum of line 1 and line 2)		63,860,638		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		63,860,638		0		11.00
12.00	NET ASSET TRANSFERS	7,836,541		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		7,836,541		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		56,024,097		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSET TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0093

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/28/2019 10:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	30,951,457		30,951,457	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)	30,951,457		30,951,457	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,428,673		4,428,673	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,428,673		4,428,673	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,380,130		35,380,130	17.00
18.00	Ancillary services	72,233,170	149,467,579	221,700,749	18.00
19.00	Outpatient services	9,400,041	43,480,809	52,880,850	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY	0	6,731	6,731	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	117,013,341	192,955,119	309,968,460	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		59,434,157		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)		59,434,157		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet G-3 Date/Time Prepared: 2/28/2019 10:08 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	309,968,460	1.00
2.00	Less contractual allowances and discounts on patients' accounts	255,670,459	2.00
3.00	Net patient revenues (line 1 minus line 2)	54,298,001	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	59,434,157	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,136,156	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	482,119	6.00
7.00	Income from investments	2,210	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	178,651	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	4,262	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	38,614	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	49,501	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	729,397	24.00
25.00	Total other income (sum of lines 6-24)	1,484,754	25.00
26.00	Total (line 5 plus line 25)	-3,651,402	26.00
27.00	EQUITY TRANSFER	1,248,918	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,248,918	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,900,320	29.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0093	Period: From 02/01/2018 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/28/2019 10:08 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		587,524	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		270	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)		39.42	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.43	8.00
9.00	Sum of lines 7 and 8		27.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.79	10.00
11.00	Disproportionate share adjustment (see instructions)		34,018	11.00
12.00	Total prospective capital payments (see instructions)		621,812	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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