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: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/26/2019 9:05 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 2/26/2019 Time: 9:05 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JAMES HOSPITAL (14-0161) for the cost reporting period beginning 10/01/2017 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	37,445	22,121	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	37,445	22,121	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 9:05 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2500 WEST REYNOLDS STREET	PO Box:			1.00
2.00	City: PONTIAC	State: IL	Zip Code: 61764	County: LIVINGSTON	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	SAINT JAMES HOSPITAL	140161	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	ST JAMES HOSPITAL SWING	14U161	99914		10/10/2002	N	P	N	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)	10/01/2017	09/30/2018	20.00
21.00	Type of Control (see instructions)	1		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	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	456	256	0	0	312	35	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		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.	2		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.	1		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.	10/01/2017	09/30/2018	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)	Y	Y	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	Y	40.00

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

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		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	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 9:05 pm

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	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.	N	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.	N	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.	N	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.	N	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	Y	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149006	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS	Contractor's Number: 06101	141.00
142.00	Street: 800 N.E. GLEN OAK AVENUE	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61603	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			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	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2017	09/30/2018	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-2 Part II | Date/Time Prepared: 2/26/2019 9:05 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	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	12/18/2018	Y	12/18/2018	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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-2 Part II Date/Time Prepared: 2/26/2019 9:05 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			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	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS	RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)-624-9230	LOUIS.C.RAPTOPOULO@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/26/2019 9:05 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part I Date/Time Prepared: 2/26/2019 9:05 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	37	13,505	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)		37	13,505	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	5	1,825	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		42	15,330	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)		42				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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,108	339	4,818			1.00
2.00	HMO and other (see instructions)	724	568				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	101	0	220			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)	3,209	339	5,038			7.00
8.00	INTENSIVE CARE UNIT	611	86	1,136			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		31	412			13.00
14.00	Total (see instructions)	3,820	456	6,586	0.00	288.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			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	288.00	27.00
28.00	Observation Bed Days		209	1,287			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	35	51			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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,012	108	2,003	1.00
2.00	HMO and other (see instructions)			201	180		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	1,012	108	2,003	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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 2/26/2019 9:05 pm

		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	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	19,030,019	12,445	19,042,464	588,782.00	32.34	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		467,520	0	467,520	4,896.00	95.49	3.00
4.00	Physician-Part A - Administrative		281,177	0	281,177	1,416.00	198.57	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		435,654	0	435,654	2,004.00	217.39	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)		417,418	143	417,561	14,818.00	28.18	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		323,602	0	323,602	4,740.00	68.27	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		145,947	0	145,947	1,496.00	97.56	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		3,814,641	0	3,814,641	102,822.00	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
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		5,577,073	0	5,577,073			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		141,840	0	141,840			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		82,557	0	82,557			21.00
22.00	Physician Part A - Administrative		39,688	0	39,688			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		60,254	0	60,254			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)		1,195,586	0	1,195,586			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	504	1	505	19.00	26.58	26.00
27.00	Administrative & General	5.00	2,170,337	5,272	2,175,609	42,301.00	51.43	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part II Date/Time Prepared: 2/26/2019 9:05 pm

		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	
28.00	Administrative & General under contract (see inst.)		277,622	0	277,622	2,179.00	127.41	28.00
29.00	Maintenance & Repairs	6.00	87,172	210	87,382	2,525.00	34.61	29.00
30.00	Operation of Plant	7.00	468,699	1,132	469,831	19,570.00	24.01	30.00
31.00	Laundry & Linen Service	8.00	23,889	58	23,947	2,103.00	11.39	31.00
32.00	Housekeeping	9.00	521,047	-3,141	517,906	38,985.00	13.28	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	483,042	-345,488	137,554	8,544.00	16.10	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	344,799	344,799	21,466.00	16.06	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	873,937	-101,932	772,005	17,431.00	44.29	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	383,363	926	384,289	15,231.00	25.23	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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part III Date/Time Prepared: 2/26/2019 9:05 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		18,404,467	12,445	18,416,912	584,061.00	31.53	1.00
2.00	Excluded area salaries (see instructions)		417,418	143	417,561	14,818.00	28.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)		17,987,049	12,302	17,999,351	569,243.00	31.62	3.00
4.00	Subtotal other wages & related costs (see inst.)		4,284,190	0	4,284,190	109,058.00	39.28	4.00
5.00	Subtotal wage-related costs (see inst.)		6,812,347	0	6,812,347	0.00	37.85	5.00
6.00	Total (sum of lines 3 thru 5)		29,083,586	12,302	29,095,888	678,301.00	42.90	6.00
7.00	Total overhead cost (see instructions)		5,289,612	-98,163	5,191,449	170,354.00	30.47	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part IV Date/Time Prepared: 2/26/2019 9:05 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	835,269	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)	188,932	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	3,748,890	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)	32,589	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	-4,088	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	1,036,391	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	6,870	19.00
20.00	State or Federal Unemployment Taxes	1,972	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	54,587	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	5,901,412	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-3 Part V Date/Time Prepared: 2/26/2019 9:05 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	323,602	5,901,412	1.00
2.00	Hospital	323,602	5,901,412	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			17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet S-7 Date/Time Prepared: 2/26/2019 9:05 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	10/10/2002	2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	0	0	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	7	7	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	8	8	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	11	11	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	0	0	0	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	6	6	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	0	0	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	69	69	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-7 | Date/Time Prepared: 2/26/2019 9:05 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	101	101	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	99914	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet S-10 | Date/Time Prepared: 2/26/2019 9:05 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.197146	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	5,335,303	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	43,730,975	6.00
7.00	Medicaid cost (line 1 times line 6)	8,621,387	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)	3,286,084	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,286,084	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,644,270	814,565	4,458,835	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	718,453	814,565	1,533,018	21.00
22.00	Payments received from patients for amounts previously written off as charity care	12,432	0	12,432	22.00
23.00	Cost of charity care (line 21 minus line 22)	706,021	814,565	1,520,586	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)	3,795,525	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	309,298	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	475,842	27.01
28.00	Non-Medicare bad debt expense (see instructions)	3,319,683	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	821,006	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,341,592	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,627,676	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A | Date/Time Prepared: 2/26/2019 9:05 pm

		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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,112,499	1,112,499	29,857	1,142,356	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,609,940	1,609,940	17,175	1,627,115	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	504	5,881,028	5,881,532	1,325,911	7,207,443	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,170,337	8,760,070	10,930,407	-1,490,172	9,440,235	5.00
6.00	00600	MAINTENANCE & REPAIRS	87,172	635,037	722,209	-126,294	595,915	6.00
7.00	00700	OPERATION OF PLANT	468,699	1,005,371	1,474,070	-459,973	1,014,097	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,889	139,980	163,869	58	163,927	8.00
9.00	00900	HOUSEKEEPING	521,047	4,665	525,712	1,247	526,959	9.00
10.00	01000	DIETARY	483,042	164,291	647,333	-462,400	184,933	10.00
11.00	01100	CAFETERIA	0	0	0	463,562	463,562	11.00
13.00	01300	NURSING ADMINISTRATION	873,937	53,356	927,293	-107,324	819,969	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	383,363	26,385	409,748	926	410,674	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	370,308	370,308	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	467,520	0	467,520	0	467,520	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,054,741	2,908,950	5,963,691	-180,167	5,783,524	30.00
31.00	03100	INTENSIVE CARE UNIT	866,117	206,496	1,072,613	2,091	1,074,704	31.00
43.00	04300	NURSERY	0	0	0	74,791	74,791	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,607,297	2,708,779	4,316,076	-2,180,085	2,135,991	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	671,475	267,908	939,383	2,750	942,133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	475,554	17,967	493,521	434,526	928,047	54.00
54.10	03630	ULTRA SOUND	266,997	5,918	272,915	645	273,560	54.10
54.20	03440	MAMMOGRAPHY	124,340	87,057	211,397	300	211,697	54.20
56.00	05600	RADIOISOTOPE	75,078	144,302	219,380	15,669	235,049	56.00
57.00	05700	CT SCAN	174,374	295,760	470,134	89,050	559,184	57.00
58.00	05800	MRI	185,387	277,826	463,213	83,732	546,945	58.00
60.00	06000	LABORATORY	1,026,166	1,113,138	2,139,304	81,454	2,220,758	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	138,759	138,759	0	138,759	63.00
64.00	06400	INTRAVENOUS THERAPY	143,463	20,813	164,276	346	164,622	64.00
65.00	06500	RESPIRATORY THERAPY	312,825	201,617	514,442	-37,073	477,369	65.00
66.00	06600	PHYSICAL THERAPY	634,720	26,249	660,969	93,066	754,035	66.00
67.00	06700	OCCUPATIONAL THERAPY	247,975	8,687	256,662	36,143	292,805	67.00
68.00	06800	SPEECH PATHOLOGY	185,977	53,877	239,854	33,665	273,519	68.00
69.00	06900	ELECTROCARDIOLOGY	254,317	7,330	261,647	614	262,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230,830	89,762	320,592	547	321,139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-46,021	-46,021	663,371	617,350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,558,460	1,558,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	566,735	1,928,780	2,495,515	89,972	2,585,487	73.00
76.00	03950	DIABETES SERVICES	66,760	2,662	69,422	161	69,583	76.00
76.97	07697	CARDIAC REHABILITATION	84,390	3,610	88,000	204	88,204	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	107,769	3,389	111,158	0	111,158	90.00
91.00	09100	EMERGENCY	1,769,804	2,640,550	4,410,354	-427,256	3,983,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,612,601	32,506,787	51,119,388	-143	51,119,245	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,061	11,041	33,102	53	33,155	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	357,920	141,009	498,929	0	498,929	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	28,133	37,098	65,231	68	65,299	192.02
192.03	19203	PULMONARY FUNCTION	9,304	411	9,715	22	9,737	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	19,030,019	32,696,346	51,726,365	0	51,726,365	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	352,753	1,495,109		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	378,325	2,005,440		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-731,616	6,475,827		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,971,082	6,469,153		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	595,915		6.00
7.00	00700	OPERATION OF PLANT	0	1,014,097		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	163,927		8.00
9.00	00900	HOUSEKEEPING	0	526,959		9.00
10.00	01000	DIETARY	-21,736	163,197		10.00
11.00	01100	CAFETERIA	-150,158	313,404		11.00
13.00	01300	NURSING ADMINISTRATION	239,194	1,059,163		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,481	391,193		16.00
17.00	01700	SOCIAL SERVICE	-80,433	289,875		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-467,520	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,864,854	3,918,670		30.00
31.00	03100	INTENSIVE CARE UNIT	-900	1,073,804		31.00
43.00	04300	NURSERY	0	74,791		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,135,991		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	-579,702	362,431		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,841	917,206		54.00
54.10	03630	ULTRA SOUND	0	273,560		54.10
54.20	03440	MAMMOGRAPHY	0	211,697		54.20
56.00	05600	RADIOISOTOPE	0	235,049		56.00
57.00	05700	CT SCAN	0	559,184		57.00
58.00	05800	MRI	0	546,945		58.00
60.00	06000	LABORATORY	-5,541	2,215,217		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	138,759		63.00
64.00	06400	INTRAVENOUS THERAPY	0	164,622		64.00
65.00	06500	RESPIRATORY THERAPY	0	477,369		65.00
66.00	06600	PHYSICAL THERAPY	-18,179	735,856		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	292,805		67.00
68.00	06800	SPEECH PATHOLOGY	-645	272,874		68.00
69.00	06900	ELECTROCARDIOLOGY	0	262,261		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,738	319,401		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	617,350		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,558,460		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-422	2,585,065		73.00
76.00	03950	DIABETES SERVICES	-150	69,433		76.00
76.97	07697	CARDIAC REHABILITATION	-11,740	76,464		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	111,158		90.00
91.00	09100	EMERGENCY	-2,003,974	1,979,124		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-7,970,440	43,148,805		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,155		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	498,929		192.00
192.01	19201	CARDIAC PHASE III	0	0		192.01
192.02	19202	FUND DEVELOPMENT	0	65,299		192.02
192.03	19203	PULMONARY FUNCTION	0	9,737		192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-7,970,440	43,755,925		200.00

RECLASSIFICATIONS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-6 | Date/Time Prepared: 2/26/2019 9:05 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - TEAM AWARD RECLASS				
1.00		0.00	0	0	1.00
	0		0	0	
	B - PROPERTY INSURANCE				
1.00	OTHER CAP REL COSTS	3.00	0	47,032	1.00
	0		0	47,032	
	C - CAFETERIA RECLASS				
1.00	CAFETERIA	11.00	345,291	117,440	1.00
	0		345,291	117,440	
	E - REHAB ADMIN RECLASS				
1.00	PHYSICAL THERAPY	66.00	59,269	3,079	1.00
2.00	OCCUPATIONAL THERAPY	67.00	23,015	1,196	2.00
3.00	SPEECH PATHOLOGY	68.00	21,508	1,117	3.00
	0		103,792	5,392	
	G - IMPLANT DEVICE				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,558,460	1.00
2.00		0.00	0	0	2.00
	0		0	1,558,460	
	H - MED SUPPLIES CHARGED TO PATIENTS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	663,371	1.00
2.00		0.00	0	0	2.00
	0		0	663,371	
	I - DRUGS CHARGED TO PATIENTS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,530	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
	0		0	29,530	
	J - DISABILITY				
1.00	HOUSEKEEPING	9.00	0	4,388	1.00
2.00	DIETARY	10.00	0	528	2.00
3.00	CAFETERIA	11.00	0	1,323	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	9,996	4.00
5.00	LABORATORY	60.00	0	12,162	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,192	6.00
	0		0	32,589	
	K - NURSERY COST				
1.00	NURSERY	43.00	65,981	7,873	1.00
	0		65,981	7,873	
	L - TO RECLASS SFI RELATED PARTY COST				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	51,598	1.00
2.00	RADIOISOTOPE	56.00	0	15,488	2.00
3.00	CT SCAN	57.00	0	98,632	3.00
4.00	MRI	58.00	0	83,284	4.00
	0		0	249,002	
	M - MINISTRY ALLOCATION RECLASS				
1.00	MAINTENANCE & REPAIRS	6.00	0	122,498	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	59,074	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	843,925	3.00
4.00	PHYSICAL THERAPY	66.00	0	29,042	4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	11,278	5.00
6.00	SPEECH PATHOLOGY	68.00	0	10,539	6.00
7.00	SOCIAL SERVICE	17.00	0	370,308	7.00
	TOTALS		0	1,446,664	
	N - TO RECLASS ED SHARED BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	527,019	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	527,019	
	O - TO RECLASS MAINTENANCE COST				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	382,099	1.00
2.00	LABORATORY	60.00	0	79,006	2.00
	TOTALS		0	461,105	
	Z - VACATION ACCRUAL RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	5,272	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	210	0	3.00
4.00	OPERATION OF PLANT	7.00	1,132	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	58	0	5.00
6.00	HOUSEKEEPING	9.00	1,247	0	6.00
7.00	DIETARY	10.00	331	0	7.00
8.00	CAFETERIA	11.00	831	0	8.00
9.00	NURSING ADMINISTRATION	13.00	1,860	0	9.00

RECLASSIFICATIONS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-6 | Date/Time Prepared: 2/26/2019 9:05 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	926	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	6,414	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	2,091	0	12.00
13.00	NURSERY	43.00	937	0	13.00
14.00	OPERATING ROOM	50.00	4,141	0	14.00
15.00	ANESTHESIOLOGY	53.00	2,750	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	1,148	0	16.00
17.00	ULTRA SOUND	54.10	645	0	17.00
18.00	MAMMOGRAPHY	54.20	300	0	18.00
19.00	RADIOISOTOPE	56.00	181	0	19.00
20.00	CT SCAN	57.00	421	0	20.00
21.00	MRI	58.00	448	0	21.00
22.00	LABORATORY	60.00	2,448	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	346	0	23.00
24.00	RESPIRATORY THERAPY	65.00	755	0	24.00
25.00	PHYSICAL THERAPY	66.00	1,676	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	654	0	26.00
27.00	SPEECH PATHOLOGY	68.00	501	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	614	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	547	0	29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	1,368	0	30.00
31.00	DIABETES SERVICES	76.00	161	0	31.00
32.00	CARDIAC REHABILITATION	76.97	204	0	32.00
33.00	EMERGENCY	91.00	4,273	0	33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	53	0	34.00
35.00	FUND DEVELOPMENT	192.02	68	0	35.00
36.00	PULMONARY FUNCTION	192.03	22	0	36.00
	0		45,034	0	
500.00	Grand Total: Increases		560,098	5,145,477	500.00

RECLASSIFICATIONS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-6 | Date/Time Prepared: 2/26/2019 9:05 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - TEAM AWARD RECLASS					
1.00		0.00	0	0	0	1.00
	0		0	0		
	B - PROPERTY INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	47,032	0	1.00
	0		0	47,032		
	C - CAFETERIA RECLASS					
1.00	DIETARY	10.00	345,291	117,440	0	1.00
	0		345,291	117,440		
	E - REHAB ADMIN RECLASS					
1.00	NURSING ADMINISTRATION	13.00	103,792	5,392	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		103,792	5,392		
	G - IMPLANT DEVICE					
1.00	OPERATING ROOM	50.00	0	1,556,712	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,748	0	2.00
	0		0	1,558,460		
	H - MED SUPPLIES CHARGED TO PATIENTS					
1.00	OPERATING ROOM	50.00	0	625,543	0	1.00
2.00	RESPIRATORY THERAPY	65.00	0	37,828	0	2.00
	0		0	663,371		
	I - DRUGS CHARGED TO PATIENTS					
1.00	OPERATING ROOM	50.00	0	1,971	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	319	0	2.00
3.00	CT SCAN	57.00	0	10,003	0	3.00
4.00	EMERGENCY	91.00	0	17,237	0	4.00
	0		0	29,530		
	J - DISABILITY					
1.00	HOUSEKEEPING	9.00	4,388	0	0	1.00
2.00	DIETARY	10.00	528	0	0	2.00
3.00	CAFETERIA	11.00	1,323	0	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	9,996	0	0	4.00
5.00	LABORATORY	60.00	12,162	0	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	4,192	0	0	6.00
	0		32,589	0		
	K - NURSERY COST					
1.00	ADULTS & PEDIATRICS	30.00	65,981	7,873	0	1.00
	0		65,981	7,873		
	L - TO RECLASS SFI RELATED PARTY COST					
1.00	MAINTENANCE & REPAIRS	6.00	0	249,002	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
	0		0	249,002		
	M - MINISTRY ALLOCATION RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,446,664	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
7.00		0.00	0	0	0	7.00
	TOTALS		0	1,446,664		
	N - TO RECLASS ED SHARED BENEFITS					
1.00	ADULTS & PEDIATRICS	30.00	0	112,727	0	1.00
2.00	EMERGENCY	91.00	0	414,292	0	2.00
	TOTALS		0	527,019		
	O - TO RECLASS MAINTENANCE COST					
1.00	OPERATION OF PLANT	7.00	0	461,105	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	461,105		
	Z - VACATION ACCRUAL RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45,034	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00

RECLASSIFICATIONS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-6 | Date/Time Prepared: 2/26/2019 9:05 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
	0		0	45,034			
500.00	Grand Total: Decreases		547,653	5,157,922			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-7 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	600,013	0	0	0	0	1.00
2.00	Land Improvements	2,380,415	40,090	0	40,090	0	2.00
3.00	Buildings and Fixtures	38,715,354	607,803	0	607,803	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	23,529,726	865,772	0	865,772	449,633	5.00
6.00	Movable Equipment	67,172	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	65,292,680	1,513,665	0	1,513,665	449,633	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	65,292,680	1,513,665	0	1,513,665	449,633	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	600,013	0	1.00
2.00	Land Improvements	2,420,505	0	2.00
3.00	Buildings and Fixtures	39,323,157	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	23,945,865	0	5.00
6.00	Movable Equipment	67,172	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	66,356,712	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	66,356,712	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-7 Part II | Date/Time Prepared: 2/26/2019 9:05 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,112,499	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,609,940	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,722,439	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	1,112,499		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,609,940		2.00
3.00	Total (sum of lines 1-2)	0	2,722,439		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 2/26/2019 9:05 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	41,743,662	0	41,743,662	0.634820	29,857	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,013,037	0	24,013,037	0.365180	17,175	2.00
3.00	Total (sum of lines 1-2)	65,756,699	0	65,756,699	1.000000	47,032	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	29,857	1,288,893	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	17,175	1,733,050	0	2.00
3.00	Total (sum of lines 1-2)	0	0	47,032	3,021,943	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	176,359	29,857	0	0	1,495,109	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	255,215	17,175	0	0	2,005,440	2.00
3.00	Total (sum of lines 1-2)	431,574	47,032	0	0	3,500,549	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-8 | Date/Time Prepared: 2/26/2019 9:05 pm

	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.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-10,576	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-8,336	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,411,467			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	109,791			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-140,303	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-422	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-19,481	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
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
19.02	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.02
20.00	Vending machines	B	-9,855	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-215,669	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-467,520	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-8 | Date/Time Prepared: 2/26/2019 9:05 pm

	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.	
		1.00	2.00	3.00	4.00	5.00	
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	HOSPITAL ADMINISTRATION	B	-5,440	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00	LOBBYING DUES INCLUDING AHA AND IHA	A	-24,848	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00	UNEMPLOYMENT COMPENSATION	A	6,870	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00	PRE EMPLOYMENT PHYSICALS	A	-55	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
37.00	RECRUITMENT	A	-900	INTENSIVE CARE UNIT	31.00	0	37.00
38.00	EMERGENCY MEDICAL TRANSPORTATIO	B	-49,719	EMERGENCY	91.00	0	38.00
39.00	LAB NON PATIENT INCOME	B	-590	LABORATORY	60.00	0	39.00
39.01	CARDIAC REHAB	B	-11,740	CARDIAC REHABILITATION	76.97	0	39.01
40.00	RADIOLOGY - SILVER RECOVERY & F	B	-40	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00	CRNA EMPLOYEE BENEFITS	A	-144,482	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00	AUDIOLOGY	B	-645	SPEECH PATHOLOGY	68.00	0	42.00
43.00	EMPLOYEE BENEFIT OFFSET - NON SHARED	A	-80,218	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.00
44.00	EMPLOYEE BENEFIT PART B ED SHARED	A	-414,292	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.00
45.00	HOSPITAL ADMIN - FARM INCOME &	B	-23,000	ADMINISTRATIVE & GENERAL	5.00	0	45.00
46.00	REYNOLDS STREET PROPERTY - RENT	B	-16,609	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00	CHAPLAINCY - RENT AND OTHER REV	B	-15,732	ADMINISTRATIVE & GENERAL	5.00	0	47.00
49.00	INSERVICE EDUC - NURSING CLASS	B	-196	NURSING ADMINISTRATION	13.00	0	49.00
49.01	DIABETES SERVICES	B	-150	DIABETES SERVICES	76.00	0	49.01
49.02	SJJWAMC-PEDS DEVELOPMENT CTR	B	-18,179	PHYSICAL THERAPY	66.00	0	49.02
49.03	MARKETING AND ADVERTISING	A	-116	ADULTS & PEDIATRICS	30.00	0	49.03
49.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.04
49.05	DIETARY O/P REVENUE	B	-21,736	DIETARY	10.00	0	49.05
49.11	MEDICAID ASSESSMENT	A	-1,875,256	ADMINISTRATIVE & GENERAL	5.00	0	49.11
49.12	REVENUE CYCLE ADMINISTRATION	B	-90	ADMINISTRATIVE & GENERAL	5.00	0	49.12
49.13	SHARED OSFMG HOSPITAL AND PAL BENE	A	-99,439	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.13
49.15	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	49.15
49.16	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	49.16
49.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	49.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,970,440				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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-8-1 | Date/Time Prepared: 2/26/2019 9:05 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL BLDG HO BLDG CAPITAL	176,394	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	772,972	649,862	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G HO MANAGEMENT	2,946,185	5,965,371	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	843,925	843,925	3.01
3.04	6.00	MAINTENANCE & REPAIRS	MINISTRY ALLOCATION	122,498	122,498	3.04
3.05	17.00	SOCIAL SERVICE	MINISTRY ALLOCATION	289,875	370,308	3.05
3.06	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION	133,061	133,061	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	29,042	29,042	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	11,278	11,278	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	10,539	10,539	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY ALLOCATION	280,750	280,750	3.10
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST (OPERATING)	176,359	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HO INTEREST (OPERATING)	255,215	0	4.01
4.02	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	239,390	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - ADMIN & GENE	2,249,743	0	4.03
4.04	60.00	LABORATORY	SYSTEMS LAB	702,780	702,780	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINT & SVC	249,002	259,803	4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,489,008	9,379,217	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B	OSF HEALTHCARE SYSTEM	100.00	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: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet A-8-1 Date/Time Prepared: 2/26/2019 9:05 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	176,394	9		1.00
2.00	123,110	9		2.00
3.00	-3,019,186	0		3.00
3.01	0	0		3.01
3.04	0	0		3.04
3.05	-80,433	0		3.05
3.06	0	0		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
4.00	176,359	11		4.00
4.01	255,215	11		4.01
4.02	239,390	0		4.02
4.03	2,249,743	0		4.03
4.04	0	0		4.04
4.05	-10,801	0		4.05
5.00	109,791			5.00

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

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

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

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

6.00	CATHOLIC SYSTEM		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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 2/26/2019 9:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	41,875	-12,500	54,375	211,500	352	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,864,738	1,864,738	0	200,300	0	2.00
3.00	53.00	ANESTHESIOLOGY	815,419	482,670	332,749	239,400	2,048	3.00
4.00	60.00	LABORATORY	4,951	4,951	0	260,300	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	10,000	0	10,000	179,000	96	5.00
6.00	91.00	EMERGENCY	1,984,255	1,954,255	30,000	211,500	416	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		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			4,721,238	4,294,114	427,124		2,912	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	35,792	1,790	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	235,717	11,786	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	8,262	413	0	0	0	5.00
6.00	91.00	EMERGENCY	42,300	2,115	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		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			322,071	16,104	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	35,792	18,583	6,083		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,864,738		2.00
3.00	53.00	ANESTHESIOLOGY	0	235,717	97,032	579,702		3.00
4.00	60.00	LABORATORY	0	0	0	4,951		4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,262	1,738	1,738		5.00
6.00	91.00	EMERGENCY	0	42,300	0	1,954,255		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		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	322,071	117,353	4,411,467		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,495,109	1,495,109				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,005,440		2,005,440			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,475,827	0	0	6,475,827		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,469,153	389,891	1,166,819	758,554	8,784,417	5.00
6.00	00600	MAINTENANCE & REPAIRS	595,915	10,326	3,028	30,467	639,736	6.00
7.00	00700	OPERATION OF PLANT	1,014,097	97,914	73,535	163,813	1,349,359	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	163,927	6,702	0	8,349	178,978	8.00
9.00	00900	HOUSEKEEPING	526,959	28,697	11,489	180,575	747,720	9.00
10.00	01000	DIETARY	163,197	11,036	2,959	47,960	225,152	10.00
11.00	01100	CAFETERIA	313,404	27,662	7,418	120,219	468,703	11.00
13.00	01300	NURSING ADMINISTRATION	1,059,163	2,790	36,242	269,170	1,367,365	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	391,193	17,076	0	133,987	542,256	16.00
17.00	01700	SOCIAL SERVICE	289,875	0	0	0	289,875	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,918,670	151,626	102,716	1,041,092	5,214,104	30.00
31.00	03100	INTENSIVE CARE UNIT	1,073,804	26,645	58,095	302,712	1,461,256	31.00
43.00	04300	NURSERY	74,791	3,202	5,136	23,061	106,190	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,135,991	139,142	187,422	561,758	3,024,313	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	362,431	0	36,784	234,684	633,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	917,206	39,043	64,209	166,208	1,186,666	54.00
54.10	03630	ULTRA SOUND	273,560	2,761	3,005	93,317	372,643	54.10
54.20	03440	MAMMOGRAPHY	211,697	4,315	17,614	43,457	277,083	54.20
56.00	05600	RADIOISOTOPE	235,049	470	79,151	26,240	340,910	56.00
57.00	05700	CT SCAN	559,184	6,923	0	60,945	627,052	57.00
58.00	05800	MRI	546,945	11,822	0	64,794	623,561	58.00
60.00	06000	LABORATORY	2,215,217	21,381	36,056	354,399	2,627,053	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	138,759	0	0	0	138,759	63.00
64.00	06400	INTRAVENOUS THERAPY	164,622	0	0	50,141	214,763	64.00
65.00	06500	RESPIRATORY THERAPY	477,369	4,008	3,358	109,334	594,069	65.00
66.00	06600	PHYSICAL THERAPY	735,856	42,955	20,132	242,553	1,041,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	292,805	16,683	996	94,712	405,196	67.00
68.00	06800	SPEECH PATHOLOGY	272,874	15,590	2,672	72,517	363,653	68.00
69.00	06900	ELECTROCARDIOLOGY	262,261	2,224	11,121	88,885	364,491	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	319,401	0	15,754	79,211	414,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	617,350	21,113	6,562	0	645,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,558,460	0	0	0	1,558,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,585,065	9,761	9,501	198,076	2,802,403	73.00
76.00	03950	DIABETES SERVICES	69,433	988	0	23,333	93,754	76.00
76.97	07697	CARDIAC REHABILITATION	76,464	13,078	9,387	29,495	128,424	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	111,158	43,990	0	37,666	192,814	90.00
91.00	09100	EMERGENCY	1,979,124	59,897	34,279	618,555	2,691,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,148,805	1,229,711	2,005,440	6,330,239	42,737,819	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,155	47,950	0	7,710	88,815	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	498,929	197,476	0	124,793	821,198	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	65,299	19,972	0	9,833	95,104	192.02
192.03	19203	PULMONARY FUNCTION	9,737	0	0	3,252	12,989	192.03
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)	43,755,925	1,495,109	2,005,440	6,475,827	43,755,925	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,784,417					5.00
6.00	00600	MAINTENANCE & REPAIRS	160,694	800,430				6.00
7.00	00700	OPERATION OF PLANT	338,943	71,580	1,759,882			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,957	4,900	11,831	240,666		8.00
9.00	00900	HOUSEKEEPING	187,818	20,979	50,657	0	1,007,174	9.00
10.00	01000	DIETARY	56,555	8,068	19,481	0	11,559	10.00
11.00	01100	CAFETERIA	117,733	20,222	48,829	0	28,973	11.00
13.00	01300	NURSING ADMINISTRATION	343,466	2,040	4,925	0	2,922	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	136,208	12,484	30,143	0	17,886	16.00
17.00	01700	SOCIAL SERVICE	72,813	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,309,713	110,847	267,652	85,839	158,816	30.00
31.00	03100	INTENSIVE CARE UNIT	367,050	19,479	47,035	14,226	27,909	31.00
43.00	04300	NURSERY	26,674	2,341	5,653	1,403	3,354	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	759,671	101,721	245,616	48,987	145,740	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	159,228	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	298,076	28,542	68,919	24,362	40,894	54.00
54.10	03630	ULTRA SOUND	93,603	2,019	4,874	0	2,892	54.10
54.20	03440	MAMMOGRAPHY	69,600	3,154	7,616	0	4,519	54.20
56.00	05600	RADIOISOTOPE	85,633	343	829	0	492	56.00
57.00	05700	CT SCAN	157,508	5,061	12,220	0	7,251	57.00
58.00	05800	MRI	156,631	8,643	20,869	0	12,383	58.00
60.00	06000	LABORATORY	659,884	15,631	37,743	0	22,395	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,855	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	53,946	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	149,223	2,930	7,075	0	4,198	65.00
66.00	06600	PHYSICAL THERAPY	261,611	31,402	75,824	4,252	44,991	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,780	12,196	29,450	0	17,474	67.00
68.00	06800	SPEECH PATHOLOGY	91,345	11,397	27,520	0	16,329	68.00
69.00	06900	ELECTROCARDIOLOGY	91,556	1,626	3,927	0	2,330	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,084	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	162,023	15,435	37,269	0	22,114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	391,466	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	703,930	7,136	17,230	0	10,223	73.00
76.00	03950	DIABETES SERVICES	23,550	722	1,743	0	1,034	76.00
76.97	07697	CARDIAC REHABILITATION	32,259	9,561	23,086	0	13,698	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	48,433	32,159	77,652	0	46,076	90.00
91.00	09100	EMERGENCY	676,162	43,788	105,731	61,135	62,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,528,681	606,406	1,291,399	240,204	729,189	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,309	35,054	84,642	0	50,224	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	206,275	144,369	348,586	462	206,842	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	23,889	14,601	35,255	0	20,919	192.02
192.03	19203	PULMONARY FUNCTION	3,263	0	0	0	0	192.03
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)	8,784,417	800,430	1,759,882	240,666	1,007,174	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	320,815					10.00
11.00	01100	CAFETERIA	0	684,460				11.00
13.00	01300	NURSING ADMINISTRATION	0	24,555	1,745,273			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,485	0	760,462		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	362,688	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	260,828	153,649	759,726	48,501	274,494	30.00
31.00	03100	INTENSIVE CARE UNIT	46,698	36,832	182,115	14,134	64,721	31.00
43.00	04300	NURSERY	0	2,885	14,266	2,095	23,473	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,289	76,733	379,407	87,483	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	12,277	0	11,734	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,485	0	24,740	0	54.00
54.10	03630	ULTRA SOUND	0	9,208	0	16,884	0	54.10
54.20	03440	MAMMOGRAPHY	0	6,139	0	9,659	0	54.20
56.00	05600	RADIOISOTOPE	0	3,069	0	11,361	0	56.00
57.00	05700	CT SCAN	0	9,208	0	83,123	0	57.00
58.00	05800	MRI	0	9,208	0	30,934	0	58.00
60.00	06000	LABORATORY	0	64,456	0	135,800	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,489	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,139	0	3,190	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,347	0	10,169	0	65.00
66.00	06600	PHYSICAL THERAPY	0	32,443	0	13,424	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,953	0	9,093	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,853	0	3,081	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,277	0	24,308	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,277	0	8,298	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,253	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,224	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,347	0	75,814	0	73.00
76.00	03950	DIABETES SERVICES	0	3,069	15,176	473	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,139	0	2,119	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	6,139	0	1,335	0	90.00
91.00	09100	EMERGENCY	0	79,803	394,583	64,744	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	320,815	662,975	1,745,273	760,462	362,688	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,416	0	0	0	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	0	3,069	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)	320,815	684,460	1,745,273	760,462	362,688	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part I | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	8,644,169	0	8,644,169		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,281,455	0	2,281,455		31.00
43.00	04300	NURSERY	0	188,334	0	188,334		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,882,960	0	4,882,960		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	817,138	0	817,138		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,693,684	0	1,693,684		54.00
54.10	03630	ULTRA SOUND	0	502,123	0	502,123		54.10
54.20	03440	MAMMOGRAPHY	0	377,770	0	377,770		54.20
56.00	05600	RADIOISOTOPE	0	442,637	0	442,637		56.00
57.00	05700	CT SCAN	0	901,423	0	901,423		57.00
58.00	05800	MRI	0	862,229	0	862,229		58.00
60.00	06000	LABORATORY	0	3,562,962	0	3,562,962		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	178,103	0	178,103		63.00
64.00	06400	INTRAVENOUS THERAPY	0	278,038	0	278,038		64.00
65.00	06500	RESPIRATORY THERAPY	0	783,011	0	783,011		65.00
66.00	06600	PHYSICAL THERAPY	0	1,505,443	0	1,505,443		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	588,142	0	588,142		67.00
68.00	06800	SPEECH PATHOLOGY	0	523,178	0	523,178		68.00
69.00	06900	ELECTROCARDIOLOGY	0	500,515	0	500,515		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	539,025	0	539,025		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	912,119	0	912,119		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,983,150	0	1,983,150		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,632,083	0	3,632,083		73.00
76.00	03950	DIABETES SERVICES	0	139,521	0	139,521		76.00
76.97	07697	CARDIAC REHABILITATION	0	215,286	0	215,286		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	404,608	0	404,608		90.00
91.00	09100	EMERGENCY	0	4,180,538	0	4,180,538		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	41,519,644	0	41,519,644		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	281,044	0	281,044		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,746,148	0	1,746,148		192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0		192.01
192.02	19202	FUND DEVELOPMENT	0	192,837	0	192,837		192.02
192.03	19203	PULMONARY FUNCTION	0	16,252	0	16,252		192.03
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	43,755,925	0	43,755,925		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part II Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	109,738	389,891	1,166,819	1,666,448	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	10,326	3,028	13,354	0	6.00
7.00	00700	OPERATION OF PLANT	900	97,914	73,535	172,349	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,702	0	6,702	0	8.00
9.00	00900	HOUSEKEEPING	0	28,697	11,489	40,186	0	9.00
10.00	01000	DIETARY	0	11,036	2,959	13,995	0	10.00
11.00	01100	CAFETERIA	0	27,662	7,418	35,080	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,790	36,242	39,032	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,076	0	17,076	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
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,741	151,626	102,716	268,083	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,596	26,645	58,095	89,336	0	31.00
43.00	04300	NURSERY	7	3,202	5,136	8,345	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	73,593	139,142	187,422	400,157	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	36,784	36,784	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,043	64,209	103,252	0	54.00
54.10	03630	ULTRA SOUND	0	2,761	3,005	5,766	0	54.10
54.20	03440	MAMMOGRAPHY	59,361	4,315	17,614	81,290	0	54.20
56.00	05600	RADIOISOTOPE	0	470	79,151	79,621	0	56.00
57.00	05700	CT SCAN	85,950	6,923	0	92,873	0	57.00
58.00	05800	MRI	257,218	11,822	0	269,040	0	58.00
60.00	06000	LABORATORY	100,898	21,381	36,056	158,335	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	23,092	4,008	3,358	30,458	0	65.00
66.00	06600	PHYSICAL THERAPY	0	42,955	20,132	63,087	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,683	996	17,679	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,590	2,672	18,262	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,224	11,121	13,345	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,378	0	15,754	82,132	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,113	6,562	27,675	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	51,227	9,761	9,501	70,489	0	73.00
76.00	03950	DIABETES SERVICES	0	988	0	988	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	13,078	9,387	22,465	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	43,990	0	43,990	0	90.00
91.00	09100	EMERGENCY	60	59,897	34,279	94,236	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	846,759	1,229,711	2,005,440	4,081,910	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,950	0	47,950	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,000	197,476	0	231,476	0	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	0	19,972	0	19,972	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)	880,759	1,495,109	2,005,440	4,381,308	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part II | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,666,448					5.00
6.00	00600	MAINTENANCE & REPAIRS	30,485	43,839				6.00
7.00	00700	OPERATION OF PLANT	64,300	3,920	240,569			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,529	268	1,617	17,116		8.00
9.00	00900	HOUSEKEEPING	35,630	1,149	6,925	0	83,890	9.00
10.00	01000	DIETARY	10,729	442	2,663	0	963	10.00
11.00	01100	CAFETERIA	22,335	1,108	6,675	0	2,413	11.00
13.00	01300	NURSING ADMINISTRATION	65,158	112	673	0	243	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,840	684	4,120	0	1,490	16.00
17.00	01700	SOCIAL SERVICE	13,813	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	248,445	6,071	36,587	6,104	13,228	30.00
31.00	03100	INTENSIVE CARE UNIT	69,632	1,067	6,429	1,012	2,325	31.00
43.00	04300	NURSERY	5,060	128	773	100	279	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	144,115	5,571	33,575	3,484	12,139	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	30,207	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,547	1,563	9,421	1,733	3,406	54.00
54.10	03630	ULTRA SOUND	17,757	111	666	0	241	54.10
54.20	03440	MAMMOGRAPHY	13,204	173	1,041	0	376	54.20
56.00	05600	RADIOISOTOPE	16,245	19	113	0	41	56.00
57.00	05700	CT SCAN	29,880	277	1,670	0	604	57.00
58.00	05800	MRI	29,714	473	2,853	0	1,031	58.00
60.00	06000	LABORATORY	125,184	856	5,159	0	1,865	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,612	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,234	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	28,309	160	967	0	350	65.00
66.00	06600	PHYSICAL THERAPY	49,629	1,720	10,365	302	3,747	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,308	668	4,026	0	1,455	67.00
68.00	06800	SPEECH PATHOLOGY	17,329	624	3,762	0	1,360	68.00
69.00	06900	ELECTROCARDIOLOGY	17,369	89	537	0	194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,745	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,737	845	5,095	0	1,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,264	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	133,540	391	2,355	0	852	73.00
76.00	03950	DIABETES SERVICES	4,468	40	238	0	86	76.00
76.97	07697	CARDIAC REHABILITATION	6,120	524	3,156	0	1,141	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,188	1,761	10,615	0	3,838	90.00
91.00	09100	EMERGENCY	128,272	2,398	14,453	4,348	5,226	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,617,933	33,212	176,529	17,083	60,735	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,232	1,920	11,570	0	4,183	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,132	7,907	47,651	33	17,230	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	4,532	800	4,819	0	1,742	192.02
192.03	19203	PULMONARY FUNCTION	619	0	0	0	0	192.03
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)	1,666,448	43,839	240,569	17,116	83,890	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part II | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	28,792					10.00
11.00	01100	CAFETERIA	0	67,611				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,426	107,644			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,122	0	51,332		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	13,813	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,408	15,178	46,858	3,277	10,454	30.00
31.00	03100	INTENSIVE CARE UNIT	4,191	3,638	11,232	955	2,465	31.00
43.00	04300	NURSERY	0	285	880	142	894	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,193	7,580	23,401	5,911	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	1,213	0	793	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,122	0	1,672	0	54.00
54.10	03630	ULTRA SOUND	0	910	0	1,141	0	54.10
54.20	03440	MAMMOGRAPHY	0	606	0	653	0	54.20
56.00	05600	RADIOISOTOPE	0	303	0	768	0	56.00
57.00	05700	CT SCAN	0	910	0	5,617	0	57.00
58.00	05800	MRI	0	910	0	2,090	0	58.00
60.00	06000	LABORATORY	0	6,367	0	9,123	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	303	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	606	0	216	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,516	0	687	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,205	0	907	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,279	0	614	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	973	0	208	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,213	0	1,642	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,213	0	561	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,044	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,245	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,516	0	5,123	0	73.00
76.00	03950	DIABETES SERVICES	0	303	936	32	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	606	0	143	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	606	0	90	0	90.00
91.00	09100	EMERGENCY	0	7,883	24,337	4,375	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,792	65,489	107,644	51,332	13,813	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,819	0	0	0	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	0	303	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,792	67,611	107,644	51,332	13,813	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B Part II | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		677,693	0	677,693		30.00
31.00	03100	INTENSIVE CARE UNIT		192,282	0	192,282		31.00
43.00	04300	NURSERY		16,886	0	16,886		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		637,126	0	637,126		50.00
51.00	05100	RECOVERY ROOM		0	0	0		51.00
53.00	05300	ANESTHESIOLOGY		68,997	0	68,997		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		179,716	0	179,716		54.00
54.10	03630	ULTRA SOUND		26,592	0	26,592		54.10
54.20	03440	MAMMOGRAPHY		97,343	0	97,343		54.20
56.00	05600	RADIOISOTOPE		97,110	0	97,110		56.00
57.00	05700	CT SCAN		131,831	0	131,831		57.00
58.00	05800	MRI		306,111	0	306,111		58.00
60.00	06000	LABORATORY		306,889	0	306,889		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		6,915	0	6,915		63.00
64.00	06400	INTRAVENOUS THERAPY		11,056	0	11,056		64.00
65.00	06500	RESPIRATORY THERAPY		62,447	0	62,447		65.00
66.00	06600	PHYSICAL THERAPY		132,962	0	132,962		66.00
67.00	06700	OCCUPATIONAL THERAPY		45,029	0	45,029		67.00
68.00	06800	SPEECH PATHOLOGY		42,518	0	42,518		68.00
69.00	06900	ELECTROCARDIOLOGY		34,389	0	34,389		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		103,651	0	103,651		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		68,238	0	68,238		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		76,509	0	76,509		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		214,266	0	214,266		73.00
76.00	03950	DIABETES SERVICES		7,091	0	7,091		76.00
76.97	07697	CARDIAC REHABILITATION		34,155	0	34,155		76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		70,088	0	70,088		90.00
91.00	09100	EMERGENCY		285,528	0	285,528		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,933,418	0	3,933,418		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		69,855	0	69,855		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		345,248	0	345,248		192.00
192.01	19201	CARDIAC PHASE III		0	0	0		192.01
192.02	19202	FUND DEVELOPMENT		32,168	0	32,168		192.02
192.03	19203	PULMONARY FUNCTION		619	0	619		192.03
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	4,381,308	0	4,381,308		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B-1 | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	155,934					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,835,872				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	18,573,311			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,664	1,068,157	2,175,609	-8,784,417	34,971,508	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,077	2,772	87,382	0	639,736	6.00
7.00	00700	OPERATION OF PLANT	10,212	67,317	469,831	0	1,349,359	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	699	0	23,947	0	178,978	8.00
9.00	00900	HOUSEKEEPING	2,993	10,518	517,906	0	747,720	9.00
10.00	01000	DIETARY	1,151	2,709	137,554	0	225,152	10.00
11.00	01100	CAFETERIA	2,885	6,791	344,799	0	468,703	11.00
13.00	01300	NURSING ADMINISTRATION	291	33,178	772,005	0	1,367,365	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,781	0	384,289	0	542,256	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	289,875	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,814	94,031	2,985,957	0	5,214,104	30.00
31.00	03100	INTENSIVE CARE UNIT	2,779	53,183	868,208	0	1,461,256	31.00
43.00	04300	NURSERY	334	4,702	66,140	0	106,190	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,512	171,575	1,611,178	0	3,024,313	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	33,674	673,096	0	633,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,072	58,780	476,702	0	1,186,666	54.00
54.10	03630	ULTRA SOUND	288	2,751	267,642	0	372,643	54.10
54.20	03440	MAMMOGRAPHY	450	16,125	124,640	0	277,083	54.20
56.00	05600	RADIOISOTOPE	49	72,458	75,259	0	340,910	56.00
57.00	05700	CT SCAN	722	0	174,795	0	627,052	57.00
58.00	05800	MRI	1,233	0	185,835	0	623,561	58.00
60.00	06000	LABORATORY	2,230	33,007	1,016,452	0	2,627,053	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	138,759	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	143,809	0	214,763	64.00
65.00	06500	RESPIRATORY THERAPY	418	3,074	313,580	0	594,069	65.00
66.00	06600	PHYSICAL THERAPY	4,480	18,430	695,665	0	1,041,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,740	912	271,644	0	405,196	67.00
68.00	06800	SPEECH PATHOLOGY	1,626	2,446	207,986	0	363,653	68.00
69.00	06900	ELECTROCARDIOLOGY	232	10,181	254,931	0	364,491	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,422	227,185	0	414,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,202	6,007	0	0	645,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,558,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,018	8,698	568,103	0	2,802,403	73.00
76.00	03950	DIABETES SERVICES	103	0	66,921	0	93,754	76.00
76.97	07697	CARDIAC REHABILITATION	1,364	8,593	84,594	0	128,424	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,588	0	108,029	0	192,814	90.00
91.00	09100	EMERGENCY	6,247	31,381	1,774,077	0	2,691,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,254	1,835,872	18,155,750	-8,784,417	33,953,402	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,001	0	22,114	0	88,815	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,596	0	357,920	0	821,198	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	2,083	0	28,201	0	95,104	192.02
192.03	19203	PULMONARY FUNCTION	0	0	9,326	0	12,989	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,495,109	2,005,440	6,475,827		8,784,417	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.588089	1.092364	0.348663		0.251188	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,666,448	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.047652	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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B-1 | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	114,193					6.00
7.00	00700	OPERATION OF PLANT	10,212	103,981				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	699	699	267,997			8.00
9.00	00900	HOUSEKEEPING	2,993	2,993	0	100,289		9.00
10.00	01000	DIETARY	1,151	1,151	0	1,151	20,713	10.00
11.00	01100	CAFETERIA	2,885	2,885	0	2,885	0	11.00
13.00	01300	NURSING ADMINISTRATION	291	291	0	291	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,781	1,781	0	1,781	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
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,814	15,814	95,586	15,814	16,840	30.00
31.00	03100	INTENSIVE CARE UNIT	2,779	2,779	15,842	2,779	3,015	31.00
43.00	04300	NURSERY	334	334	1,562	334	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,512	14,512	54,550	14,512	858	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,072	4,072	27,129	4,072	0	54.00
54.10	03630	ULTRA SOUND	288	288	0	288	0	54.10
54.20	03440	MAMMOGRAPHY	450	450	0	450	0	54.20
56.00	05600	RADIOISOTOPE	49	49	0	49	0	56.00
57.00	05700	CT SCAN	722	722	0	722	0	57.00
58.00	05800	MRI	1,233	1,233	0	1,233	0	58.00
60.00	06000	LABORATORY	2,230	2,230	0	2,230	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	418	418	0	418	0	65.00
66.00	06600	PHYSICAL THERAPY	4,480	4,480	4,735	4,480	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,740	1,740	0	1,740	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,626	1,626	0	1,626	0	68.00
69.00	06900	ELECTROCARDIOLOGY	232	232	0	232	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,202	2,202	0	2,202	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	1,018	1,018	0	1,018	0	73.00
76.00	03950	DIABETES SERVICES	103	103	0	103	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,364	1,364	0	1,364	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,588	4,588	0	4,588	0	90.00
91.00	09100	EMERGENCY	6,247	6,247	68,078	6,247	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,513	76,301	267,482	72,609	20,713	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,001	5,001	0	5,001	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,596	20,596	515	20,596	0	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	2,083	2,083	0	2,083	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)	800,430	1,759,882	240,666	1,007,174	320,815	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.009449	16.925034	0.898018	10.042717	15.488582	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	43,839	240,569	17,116	83,890	28,792	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.383903	2.313586	0.063866	0.836483	1.390045	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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet B-1 | Date/Time Prepared: 2/26/2019 9:05 pm

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			11.00	13.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	22,300					11.00
13.00	01300	NURSING ADMINISTRATION	800	11,500				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	700	0	210,603,484			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	6,366		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,006	5,006	13,431,402	4,818	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,200	1,200	3,914,193	1,136	0	31.00
43.00	04300	NURSERY	94	94	580,050	412	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,500	2,500	24,226,810	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	400	0	3,249,489	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	700	0	6,851,171	0	0	54.00
54.10	03630	ULTRA SOUND	300	0	4,675,643	0	0	54.10
54.20	03440	MAMMOGRAPHY	200	0	2,674,913	0	0	54.20
56.00	05600	RADIOISOTOPE	100	0	3,146,186	0	0	56.00
57.00	05700	CT SCAN	300	0	23,019,250	0	0	57.00
58.00	05800	MRI	300	0	8,566,606	0	0	58.00
60.00	06000	LABORATORY	2,100	0	37,615,855	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,243,038	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	200	0	883,471	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	500	0	2,816,167	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,057	0	3,717,394	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	0	2,518,083	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	321	0	853,171	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	400	0	6,731,529	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	400	0	2,298,043	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,378,074	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,200,695	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	500	0	20,995,276	0	0	73.00
76.00	03950	DIABETES SERVICES	100	100	130,855	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	200	0	586,930	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	200	0	369,567	0	0	90.00
91.00	09100	EMERGENCY	2,600	2,600	17,929,623	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,600	11,500	210,603,484	6,366	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	600	0	0	0	0	192.00
192.01	19201	CARDIAC PHASE III	0	0	0	0	0	192.01
192.02	19202	FUND DEVELOPMENT	100	0	0	0	0	192.02
192.03	19203	PULMONARY FUNCTION	0	0	0	0	0	192.03
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)	684,460	1,745,273	760,462	362,688	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.693274	151.762870	0.003611	56.972667	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	67,611	107,644	51,332	13,813	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.031883	9.360348	0.000244	2.169808	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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet C Part I Date/Time Prepared: 2/26/2019 9:05 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,644,169		8,644,169	0	8,644,169	30.00
31.00	03100	INTENSIVE CARE UNIT	2,281,455		2,281,455	0	2,281,455	31.00
43.00	04300	NURSERY	188,334		188,334	0	188,334	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,882,960		4,882,960	0	4,882,960	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	817,138		817,138	97,032	914,170	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,693,684		1,693,684	0	1,693,684	54.00
54.10	03630	ULTRA SOUND	502,123		502,123	0	502,123	54.10
54.20	03440	MAMMOGRAPHY	377,770		377,770	0	377,770	54.20
56.00	05600	RADIOISOTOPE	442,637		442,637	0	442,637	56.00
57.00	05700	CT SCAN	901,423		901,423	0	901,423	57.00
58.00	05800	MRI	862,229		862,229	0	862,229	58.00
60.00	06000	LABORATORY	3,562,962		3,562,962	0	3,562,962	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	178,103		178,103	0	178,103	63.00
64.00	06400	INTRAVENOUS THERAPY	278,038		278,038	0	278,038	64.00
65.00	06500	RESPIRATORY THERAPY	783,011	0	783,011	0	783,011	65.00
66.00	06600	PHYSICAL THERAPY	1,505,443	0	1,505,443	0	1,505,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	588,142	0	588,142	0	588,142	67.00
68.00	06800	SPEECH PATHOLOGY	523,178	0	523,178	0	523,178	68.00
69.00	06900	ELECTROCARDIOLOGY	500,515		500,515	0	500,515	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	539,025		539,025	1,738	540,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	912,119		912,119	0	912,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,983,150		1,983,150	0	1,983,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,632,083		3,632,083	0	3,632,083	73.00
76.00	03950	DIABETES SERVICES	139,521		139,521	0	139,521	76.00
76.97	07697	CARDIAC REHABILITATION	215,286		215,286	0	215,286	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	404,608		404,608	0	404,608	90.00
91.00	09100	EMERGENCY	4,180,538		4,180,538	0	4,180,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,822,289		1,822,289		1,822,289	92.00
200.00		Subtotal (see instructions)	43,341,933	0	43,341,933	98,770	43,440,703	200.00
201.00		Less Observation Beds	1,822,289		1,822,289		1,822,289	201.00
202.00		Total (see instructions)	41,519,644	0	41,519,644	98,770	41,618,414	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet C Part I Date/Time Prepared: 2/26/2019 9:05 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,122,718		10,122,718			30.00
31.00	03100	INTENSIVE CARE UNIT	3,730,197		3,730,197			31.00
43.00	04300	NURSERY	580,050		580,050			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,666,864	16,559,946	24,226,810	0.201552	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	1,588,677	1,660,812	3,249,489	0.251467	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	910,323	5,940,848	6,851,171	0.247211	0.000000	54.00
54.10	03630	ULTRA SOUND	321,605	4,354,038	4,675,643	0.107391	0.000000	54.10
54.20	03440	MAMMOGRAPHY	531	2,674,382	2,674,913	0.141227	0.000000	54.20
56.00	05600	RADIOISOTOPE	263,003	2,883,183	3,146,186	0.140690	0.000000	56.00
57.00	05700	CT SCAN	3,019,191	20,000,059	23,019,250	0.039160	0.000000	57.00
58.00	05800	MRI	677,345	7,889,261	8,566,606	0.100650	0.000000	58.00
60.00	06000	LABORATORY	7,660,699	29,955,156	37,615,855	0.094720	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	491,046	751,992	1,243,038	0.143280	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,011	805,519	807,530	0.344307	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,699,586	1,116,581	2,816,167	0.278041	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	568,317	3,149,077	3,717,394	0.404973	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	541,297	1,976,786	2,518,083	0.233567	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	91,774	761,397	853,171	0.613216	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,294,326	5,437,203	6,731,529	0.074354	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,000	2,276,043	2,298,043	0.234558	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,560,895	3,817,179	8,378,074	0.108870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,785,535	2,415,160	9,200,695	0.215543	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,308,494	13,686,782	20,995,276	0.172995	0.000000	73.00
76.00	03950	DIABETES SERVICES	0	130,855	130,855	1.066226	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	8,468	578,462	586,930	0.366800	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	369,567	369,567	1.094816	0.000000	90.00
91.00	09100	EMERGENCY	2,585,017	15,344,606	17,929,623	0.233164	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,473,969	2,094,652	3,568,621	0.510642	0.000000	92.00
200.00		Subtotal (see instructions)	63,973,938	146,629,546	210,603,484			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	63,973,938	146,629,546	210,603,484			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet C Part I Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.201552	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0.281327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247211	54.00
54.10	03630	ULTRA SOUND	0.107391	54.10
54.20	03440	MAMMOGRAPHY	0.141227	54.20
56.00	05600	RADIOISOTOPE	0.140690	56.00
57.00	05700	CT SCAN	0.039160	57.00
58.00	05800	MRI	0.100650	58.00
60.00	06000	LABORATORY	0.094720	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.143280	63.00
64.00	06400	INTRAVENOUS THERAPY	0.344307	64.00
65.00	06500	RESPIRATORY THERAPY	0.278041	65.00
66.00	06600	PHYSICAL THERAPY	0.404973	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.233567	67.00
68.00	06800	SPEECH PATHOLOGY	0.613216	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074354	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.235315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.108870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172995	73.00
76.00	03950	DIABETES SERVICES	1.066226	76.00
76.97	07697	CARDIAC REHABILITATION	0.366800	76.97
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	1.094816	90.00
91.00	09100	EMERGENCY	0.233164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.510642	92.00
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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet C Part I Date/Time Prepared: 2/26/2019 9:05 pm

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	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,644,169		8,644,169	0	8,644,169	30.00
31.00	03100	INTENSIVE CARE UNIT	2,281,455		2,281,455	0	2,281,455	31.00
43.00	04300	NURSERY	188,334		188,334	0	188,334	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,882,960		4,882,960	0	4,882,960	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	817,138		817,138	97,032	914,170	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,693,684		1,693,684	0	1,693,684	54.00
54.10	03630	ULTRA SOUND	502,123		502,123	0	502,123	54.10
54.20	03440	MAMMOGRAPHY	377,770		377,770	0	377,770	54.20
56.00	05600	RADIOISOTOPE	442,637		442,637	0	442,637	56.00
57.00	05700	CT SCAN	901,423		901,423	0	901,423	57.00
58.00	05800	MRI	862,229		862,229	0	862,229	58.00
60.00	06000	LABORATORY	3,562,962		3,562,962	0	3,562,962	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	178,103		178,103	0	178,103	63.00
64.00	06400	INTRAVENOUS THERAPY	278,038		278,038	0	278,038	64.00
65.00	06500	RESPIRATORY THERAPY	783,011	0	783,011	0	783,011	65.00
66.00	06600	PHYSICAL THERAPY	1,505,443	0	1,505,443	0	1,505,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	588,142	0	588,142	0	588,142	67.00
68.00	06800	SPEECH PATHOLOGY	523,178	0	523,178	0	523,178	68.00
69.00	06900	ELECTROCARDIOLOGY	500,515		500,515	0	500,515	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	539,025		539,025	1,738	540,763	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	912,119		912,119	0	912,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,983,150		1,983,150	0	1,983,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,632,083		3,632,083	0	3,632,083	73.00
76.00	03950	DIABETES SERVICES	139,521		139,521	0	139,521	76.00
76.97	07697	CARDIAC REHABILITATION	215,286		215,286	0	215,286	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	404,608		404,608	0	404,608	90.00
91.00	09100	EMERGENCY	4,180,538		4,180,538	0	4,180,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,822,289		1,822,289		1,822,289	92.00
200.00		Subtotal (see instructions)	43,341,933	0	43,341,933	98,770	43,440,703	200.00
201.00		Less Observation Beds	1,822,289		1,822,289		1,822,289	201.00
202.00		Total (see instructions)	41,519,644	0	41,519,644	98,770	41,618,414	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet C Part I Date/Time Prepared: 2/26/2019 9:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,122,718		10,122,718			30.00
31.00	03100	INTENSIVE CARE UNIT	3,730,197		3,730,197			31.00
43.00	04300	NURSERY	580,050		580,050			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,666,864	16,559,946	24,226,810	0.201552	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	1,588,677	1,660,812	3,249,489	0.251467	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	910,323	5,940,848	6,851,171	0.247211	0.000000	54.00
54.10	03630	ULTRA SOUND	321,605	4,354,038	4,675,643	0.107391	0.000000	54.10
54.20	03440	MAMMOGRAPHY	531	2,674,382	2,674,913	0.141227	0.000000	54.20
56.00	05600	RADIOISOTOPE	263,003	2,883,183	3,146,186	0.140690	0.000000	56.00
57.00	05700	CT SCAN	3,019,191	20,000,059	23,019,250	0.039160	0.000000	57.00
58.00	05800	MRI	677,345	7,889,261	8,566,606	0.100650	0.000000	58.00
60.00	06000	LABORATORY	7,660,699	29,955,156	37,615,855	0.094720	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	491,046	751,992	1,243,038	0.143280	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,011	805,519	807,530	0.344307	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,699,586	1,116,581	2,816,167	0.278041	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	568,317	3,149,077	3,717,394	0.404973	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	541,297	1,976,786	2,518,083	0.233567	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	91,774	761,397	853,171	0.613216	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,294,326	5,437,203	6,731,529	0.074354	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,000	2,276,043	2,298,043	0.234558	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,560,895	3,817,179	8,378,074	0.108870	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,785,535	2,415,160	9,200,695	0.215543	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,308,494	13,686,782	20,995,276	0.172995	0.000000	73.00
76.00	03950	DIABETES SERVICES	0	130,855	130,855	1.066226	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	8,468	578,462	586,930	0.366800	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	369,567	369,567	1.094816	0.000000	90.00
91.00	09100	EMERGENCY	2,585,017	15,344,606	17,929,623	0.233164	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,473,969	2,094,652	3,568,621	0.510642	0.000000	92.00
200.00		Subtotal (see instructions)	63,973,938	146,629,546	210,603,484			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	63,973,938	146,629,546	210,603,484			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet C Part I Date/Time Prepared: 2/26/2019 9:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.10	03630	ULTRA SOUND	0.000000		54.10
54.20	03440	MAMMOGRAPHY	0.000000		54.20
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
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
76.00	03950	DIABETES SERVICES	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part I Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	677,693	0	677,693	6,105	111.01	30.00
31.00	INTENSIVE CARE UNIT	192,282		192,282	1,136	169.26	31.00
43.00	NURSERY	16,886		16,886	412	40.99	43.00
200.00	Total (lines 30 through 199)	886,861		886,861	7,653		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	3,108	345,019	30.00
31.00	INTENSIVE CARE UNIT	611	103,418	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	3,719	448,437	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part II Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	637,126	24,226,810	0.026298	3,181,221	83,660	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
53.00	05300	ANESTHESIOLOGY	68,997	3,249,489	0.021233	441,392	9,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,716	6,851,171	0.026231	574,167	15,061	54.00
54.10	03630	ULTRA SOUND	26,592	4,675,643	0.005687	187,968	1,069	54.10
54.20	03440	MAMMOGRAPHY	97,343	2,674,913	0.036391	531	19	54.20
56.00	05600	RADIOISOTOPE	97,110	3,146,186	0.030866	176,431	5,446	56.00
57.00	05700	CT SCAN	131,831	23,019,250	0.005727	1,683,239	9,640	57.00
58.00	05800	MRI	306,111	8,566,606	0.035733	403,165	14,406	58.00
60.00	06000	LABORATORY	306,889	37,615,855	0.008159	4,617,346	37,673	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,915	1,243,038	0.005563	176,241	980	63.00
64.00	06400	INTRAVENOUS THERAPY	11,056	807,530	0.013691	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	62,447	2,816,167	0.022174	1,171,399	25,975	65.00
66.00	06600	PHYSICAL THERAPY	132,962	3,717,394	0.035768	345,305	12,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,029	2,518,083	0.017882	333,552	5,965	67.00
68.00	06800	SPEECH PATHOLOGY	42,518	853,171	0.049835	71,938	3,585	68.00
69.00	06900	ELECTROCARDIOLOGY	34,389	6,731,529	0.005109	837,537	4,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,651	2,298,043	0.045104	21,581	973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,238	8,378,074	0.008145	2,675,040	21,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,509	9,200,695	0.008316	3,730,114	31,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,266	20,995,276	0.010205	4,118,693	42,031	73.00
76.00	03950	DIABETES SERVICES	7,091	130,855	0.054190	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	34,155	586,930	0.058193	5,840	340	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	70,088	369,567	0.189649	0	0	90.00
91.00	09100	EMERGENCY	285,528	17,929,623	0.015925	1,607,710	25,603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	142,866	3,568,621	0.040034	934,535	37,413	92.00
200.00		Total (lines 50 through 199)	3,189,423	196,170,519		27,294,945	388,649	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part III Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	6,105	0.00	3,108	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,136	0.00	611	31.00
43.00	04300	NURSERY		0	412	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	7,653		3,719	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
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: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part IV Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03630	ULTRA SOUND	0	0	0	0	0	54.10
54.20	03440	MAMMOGRAPHY	0	0	0	0	0	54.20
56.00	05600	RADIOISOTOPE	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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	DIABETES SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part IV Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	24,226,810	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,249,489	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,851,171	0.000000	54.00
54.10	03630	ULTRA SOUND	0	0	0	4,675,643	0.000000	54.10
54.20	03440	MAMMOGRAPHY	0	0	0	2,674,913	0.000000	54.20
56.00	05600	RADIOISOTOPE	0	0	0	3,146,186	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	23,019,250	0.000000	57.00
58.00	05800	MRI	0	0	0	8,566,606	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	37,615,855	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,243,038	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	807,530	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,816,167	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,717,394	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,518,083	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	853,171	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,731,529	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,298,043	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,378,074	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,200,695	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,995,276	0.000000	73.00
76.00	03950	DIABETES SERVICES	0	0	0	130,855	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	586,930	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	369,567	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	17,929,623	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,568,621	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	196,170,519		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part IV Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	3,181,221	0	4,117,212	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	441,392	0	478,309	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	574,167	0	1,702,290	0	54.00
54.10	03630	ULTRA SOUND	0.000000	187,968	0	924,615	0	54.10
54.20	03440	MAMMOGRAPHY	0.000000	531	0	1,814	0	54.20
56.00	05600	RADIOISOTOPE	0.000000	176,431	0	1,107,526	0	56.00
57.00	05700	CT SCAN	0.000000	1,683,239	0	11,355,017	0	57.00
58.00	05800	MRI	0.000000	403,165	0	2,195,778	0	58.00
60.00	06000	LABORATORY	0.000000	4,617,346	0	3,532,937	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	176,241	0	218,304	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	423,286	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,171,399	0	480,001	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	345,305	0	14,729	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	333,552	0	14,322	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	71,938	0	41,490	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	837,537	0	1,987,078	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	21,581	0	504,341	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,675,040	0	790,293	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,730,114	0	419,502	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,118,693	0	542,850	0	73.00
76.00	03950	DIABETES SERVICES	0.000000	0	0	1,282	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	5,840	0	246,140	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	1,607,710	0	3,770,179	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	934,535	0	524,388	0	92.00
200.00		Total (lines 50 through 199)		27,294,945	0	35,393,683	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part V Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.201552	4,117,212	0	0	829,832	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.251467	478,309	0	0	120,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247211	1,702,290	0	0	420,825	54.00
54.10	03630	ULTRA SOUND	0.107391	924,615	0	0	99,295	54.10
54.20	03440	MAMMOGRAPHY	0.141227	1,814	0	0	256	54.20
56.00	05600	RADIOISOTOPE	0.140690	1,107,526	0	0	155,818	56.00
57.00	05700	CT SCAN	0.039160	11,355,017	0	0	444,662	57.00
58.00	05800	MRI	0.100650	2,195,778	0	0	221,005	58.00
60.00	06000	LABORATORY	0.094720	3,532,937	0	0	334,640	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.143280	218,304	0	0	31,279	63.00
64.00	06400	INTRAVENOUS THERAPY	0.344307	423,286	0	0	145,740	64.00
65.00	06500	RESPIRATORY THERAPY	0.278041	480,001	0	0	133,460	65.00
66.00	06600	PHYSICAL THERAPY	0.404973	14,729	0	0	5,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.233567	14,322	0	0	3,345	67.00
68.00	06800	SPEECH PATHOLOGY	0.613216	41,490	0	0	25,442	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074354	1,987,078	0	0	147,747	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234558	504,341	0	0	118,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.108870	790,293	0	0	86,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215543	419,502	0	0	90,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172995	542,850	0	57,020	93,910	73.00
76.00	03950	DIABETES SERVICES	1.066226	1,282	0	0	1,367	76.00
76.97	07697	CARDIAC REHABILITATION	0.366800	246,140	0	0	90,284	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.094816	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.233164	3,770,179	0	0	879,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.510642	524,388	0	0	267,775	92.00
200.00		Subtotal (see instructions)		35,393,683	0	57,020	4,746,753	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		35,393,683	0	57,020	4,746,753	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D Part V Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10	03630	ULTRA SOUND	0	0		54.10
54.20	03440	MAMMOGRAPHY	0	0		54.20
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
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,864		73.00
76.00	03950	DIABETES SERVICES	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	9,864		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	9,864		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D-1 | Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,325	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,105	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,818	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)	220	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)	3,108	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)	101	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	8,644,169	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)	8,644,169	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	8,644,169	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,415.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,400,679	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)	4,400,679	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D-1 | Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,281,455	1,136	2,008.32	611	1,227,084	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,838,350	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	10,466,113	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)	448,437	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	388,649	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	837,086	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	9,629,027	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)	1,287	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,415.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,822,289	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D-1 | Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	677,693	8,644,169	0.078399	1,822,289	142,866	90.00
91.00	Nursing School cost	0	8,644,169	0.000000	1,822,289	0	91.00
92.00	Allied health cost	0	8,644,169	0.000000	1,822,289	0	92.00
93.00	All other Medical Education	0	8,644,169	0.000000	1,822,289	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D-3 | Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		4,998,310		30.00
31.00	03100	INTENSIVE CARE UNIT		2,014,234		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.201552	3,181,221	641,181	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.281327	441,392	124,175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247211	574,167	141,940	54.00
54.10	03630	ULTRA SOUND	0.107391	187,968	20,186	54.10
54.20	03440	MAMMOGRAPHY	0.141227	531	75	54.20
56.00	05600	RADIOISOTOPE	0.140690	176,431	24,822	56.00
57.00	05700	CT SCAN	0.039160	1,683,239	65,916	57.00
58.00	05800	MRI	0.100650	403,165	40,579	58.00
60.00	06000	LABORATORY	0.094720	4,617,346	437,355	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.143280	176,241	25,252	63.00
64.00	06400	INTRAVENOUS THERAPY	0.344307	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278041	1,171,399	325,697	65.00
66.00	06600	PHYSICAL THERAPY	0.404973	345,305	139,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.233567	333,552	77,907	67.00
68.00	06800	SPEECH PATHOLOGY	0.613216	71,938	44,114	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074354	837,537	62,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.235315	21,581	5,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.108870	2,675,040	291,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215543	3,730,114	804,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172995	4,118,693	712,513	73.00
76.00	03950	DIABETES SERVICES	1.066226	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.366800	5,840	2,142	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.094816	0	0	90.00
91.00	09100	EMERGENCY	0.233164	1,607,710	374,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.510642	934,535	477,213	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,294,945	4,838,350	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)		27,294,945		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0161 | Component CCN: 14-U161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet D-3 | Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Swing Beds - SNF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.201552	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.281327	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247211	2,091	517	54.00
54.10	03630	ULTRA SOUND	0.107391	1,084	116	54.10
54.20	03440	MAMMOGRAPHY	0.141227	0	0	54.20
56.00	05600	RADIOISOTOPE	0.140690	0	0	56.00
57.00	05700	CT SCAN	0.039160	2,693	105	57.00
58.00	05800	MRI	0.100650	0	0	58.00
60.00	06000	LABORATORY	0.094720	39,576	3,749	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.143280	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.344307	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278041	803	223	65.00
66.00	06600	PHYSICAL THERAPY	0.404973	9,367	3,793	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.233567	7,344	1,715	67.00
68.00	06800	SPEECH PATHOLOGY	0.613216	630	386	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074354	297	22	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.235315	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.108870	2,534	276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215543	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172995	63,215	10,936	73.00
76.00	03950	DIABETES SERVICES	1.066226	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.366800	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.094816	0	0	90.00
91.00	09100	EMERGENCY	0.233164	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.510642	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		129,634	21,838	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)		129,634		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 9:05 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	7,535,702	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)	8,583	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)	37.87	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs 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
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.74	30.00
31.00	Percentage of Medicaid patient days (see instructions)	16.50	31.00
32.00	Sum of lines 30 and 31	20.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)	5.91	33.00
34.00	Disproportionate share adjustment (see instructions)	111,340	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 9:05 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000043513	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	294,439	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	294,439	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	294,439		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	7,950,064		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	9,841,786		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		9,841,786	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		614,930	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 intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		10,456,716	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,456,716	61.00
62.00	Deductibles billed to program beneficiaries		945,788	62.00
63.00	Coinsurance billed to program beneficiaries		1,328	63.00
64.00	Allowable bad debts (see instructions)		228,012	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		148,208	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		192,313	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,657,808	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		18,481	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet E Part A | Date/Time Prepared: 2/26/2019 9:05 pm

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		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	969,118	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		114,443	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		10,530,964	71.00
71.01	Sequestration adjustment (see instructions)		210,619	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		10,282,900	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)		37,445	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		407,555	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)		0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,535,702		7,535,702	7,535,702	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	8,583	0	8,583	8,583	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
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		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
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0591	0.0591	0.0591		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	111,340	0	111,340	111,340	11.00
11.01	Uncompensated care payments	36.00	294,439	0	294,439	294,439	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	7,950,064	0	7,950,064	7,950,064	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	9,841,786	0	9,841,786	9,841,786	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,841,786	0	9,841,786	9,841,786	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	614,930	0	614,930	614,930	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,456,716	10,456,716	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	613,855	0	613,855	613,855	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	1,075	0	1,075	1,075	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	614,930	0	614,930	614,930	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	969,118		969,118	969,118	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	18,481	0	18,481	18,481	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	0	0	0	0	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	114,443	114,443	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/26/2019 9:05 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	9,864	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	4,746,753	2.00
3.00	OPPS payments	4,902,316	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	9,864	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	57,020	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)	57,020	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	57,020	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	47,156	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)	9,864	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)	4,902,316	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	1,000,484	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)	3,911,696	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)	3,911,696	30.00
31.00	Primary payer payments	123	31.00
32.00	Subtotal (line 30 minus line 31)	3,911,573	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	247,830	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	161,090	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	215,705	36.00
37.00	Subtotal (see instructions)	4,072,663	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	4,072,663	40.00
40.01	Sequestration adjustment (see instructions)	81,453	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	3,969,089	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	22,121	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet E-1 Part I Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,282,900		3,969,089	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)		10,282,900		3,969,089	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		37,445		22,121	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,320,345		3,991,210	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0161 | Component CCN: 14-U161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet E-1 Part I | Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Swing Beds - SNF | 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		21,012		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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)		21,012		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		21,012		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/26/2019 9:05 pm
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN: 14-0161 | Component CCN: 14-U161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet E-2 | Date/Time Prepared: 2/26/2019 9:05 pm

Title XVIII | Swing Beds - SNF | PPS

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	26,212	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	101	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	26,212	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	26,212	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	26,212	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	4,771	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	21,441	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	21,441	0	19.00
19.01	Sequestration adjustment (see instructions)	429	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	21,012	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

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

Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet G | Date/Time Prepared: 2/26/2019 9:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	699,954	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	36,118,532	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-25,841,542	0	0	0	6.00
7.00	Inventory	851,063	0	0	0	7.00
8.00	Prepaid expenses	69,588	0	0	0	8.00
9.00	Other current assets	337,743	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)	12,235,338	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	600,013	0	0	0	12.00
13.00	Land improvements	2,420,505	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	39,323,157	0	0	0	15.00
16.00	Accumulated depreciation	-24,708,688	0	0	0	16.00
17.00	Leasehold improvements	7,095	0	0	0	17.00
18.00	Accumulated depreciation	-2,297,096	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	24,013,037	0	0	0	23.00
24.00	Accumulated depreciation	-17,300,964	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	197,673	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	22,254,732	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	48,602,790	441,193	855,720	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	48,602,790	441,193	855,720	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	83,092,860	441,193	855,720	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,569,940	0	0	0	37.00
38.00	Salaries, wages, and fees payable	34,533	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	4,025	0	0	0	43.00
44.00	Other current liabilities	4,459,143	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,067,641	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	68,018	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	68,018	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,135,659	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	76,957,201				52.00
53.00	Specific purpose fund		441,193			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			855,720		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)	76,957,201	441,193	855,720	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	83,092,860	441,193	855,720	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet G-1 | Date/Time Prepared: 2/26/2019 9:05 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		69,774,136		397,551		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		16,492,663				2.00
3.00	Total (sum of line 1 and line 2)		86,266,799		397,551		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INCREASE IN RESTRICTED ASSETS	0		26,150		0	5.00
6.00	CONTRIBUTIONS TEMP RESTRICTED	0		126,414		0	6.00
7.00	EQUITY TRANSFER	631,351		-3,742		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)		631,351		148,822		10.00
11.00	Subtotal (line 3 plus line 10)		86,898,150		546,373		11.00
12.00	DECREASE IN RESTRICTED ASSETS	0		105,180		-1,612	12.00
13.00	EQUITY TRANSFER	9,940,949		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)		9,940,949		105,180		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		76,957,201		441,193		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	854,108		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)	854,108		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	INCREASE IN RESTRICTED ASSETS		0			5.00
6.00	CONTRIBUTIONS TEMP RESTRICTED		0			6.00
7.00	EQUITY TRANSFER		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)	854,108		0		11.00
12.00	DECREASE IN RESTRICTED ASSETS		0			12.00
13.00	EQUITY TRANSFER		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)	-1,612		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	855,720		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 2/26/2019 9:05 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	10,702,768		10,702,768	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)	10,702,768		10,702,768	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	3,730,197		3,730,197	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,730,197		3,730,197	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,432,965		14,432,965	17.00
18.00	Ancillary services	49,532,505	145,550,661	195,083,166	18.00
19.00	Outpatient services	8,468	1,078,884	1,087,352	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	PROFESSIONAL FEES - OTHER NRCC	1,126,429	15,428,103	16,554,532	27.00
27.01	OTHER NRCC	0	251,710	251,710	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	65,100,367	162,309,358	227,409,725	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		51,726,365		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)		51,726,365		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0161 | Period: From 10/01/2017 To 09/30/2018 | Worksheet G-3 | Date/Time Prepared: 2/26/2019 9:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	227,409,725	1.00
2.00	Less contractual allowances and discounts on patients' accounts	162,744,215	2.00
3.00	Net patient revenues (line 1 minus line 2)	64,665,510	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	51,726,365	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,939,145	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	148,621	6.00
7.00	Income from investments	2,479,654	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	74,999	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	140,303	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	18,781	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	9,855	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME - PHYS OFFICE RENTAL	610,629	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	72,622	24.01
25.00	Total other income (sum of lines 6-24)	3,555,464	25.00
26.00	Total (line 5 plus line 25)	16,494,609	26.00
27.00	FEDERAL AND STATE INCOME TAXES	1,946	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,946	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,492,663	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0161	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/26/2019 9:05 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	613,855	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,075	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)	16.45	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)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	614,930	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00