

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: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 3:07 pm
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**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only  
 5.  Cost Report Status  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended

6. Date Received:  
 7. Contractor No.  
 8.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN

10. NPR Date:  
 11. Contractor's Vendor Code: 4  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/29/2019 Time: 3:07 pm

**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 SOUTH SUBURBAN HOSPITAL ( 14-0250 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 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) MI CHAEL VOLANTE  
 Officer or Administrator of Provider(s)

VP, REIMBURSEMENT  
 Title

(Dated when report is electronically signed.)  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-26,384	-482,029	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-26,384	-482,029	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:07 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60429-		County: COOK			
1.00 Street: 178TH STREET AND KEDZIE AVE		2.00 City: HAZELCREST		3.00		4.00					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		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		SOUTH SUBURBAN HOSPITAL	140250	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
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)						01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	Y		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			626	2,812	0	0	3,003	102	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:07 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	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	12/03/2018	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
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.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00	

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

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

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						1.00				
<b>Long Term Care Hospital PPS</b>										
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00			
<b>TEFRA Providers</b>										
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00			
						V	XIX			
						1.00	2.00			
<b>Title V and XIX Services</b>										
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					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	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	0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06		
<b>Rural Providers</b>										
105.00	Does this hospital qualify as a CAH?					N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		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.					N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00		
						Physical	Occupational	Speech	Respiratory	
						1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:07 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	651,768	3,992,500	654,430	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.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
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		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:07 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: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT SERV		Contractor's Number: 06101		141.00																																																																																									
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:				142.00																																																																																									
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00																																																																																									
144.00 Are provider based physicians' costs included in Worksheet A? <span style="float:right">1.00</span> <span style="float:right">2.00</span>																																																																																															
Y																																																																																															
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. <span style="float:right">1.00</span> <span style="float:right">2.00</span>																																																																																															
Y																																																																																															
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						146.00																																																																																								
N																																																																																															
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. <span style="float:right">1.00</span> <span style="float:right">2.00</span>																																																																																															
N																																																																																															
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. <span style="float:right">1.00</span> <span style="float:right">2.00</span>																																																																																															
N																																																																																															
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. <span style="float:right">1.00</span> <span style="float:right">2.00</span>																																																																																															
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165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no. <span style="float:right">1.00</span> <span style="float:right">2.00</span>																																																																																															
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HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 3:07 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/09/2019	Y	05/09/2019		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: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 3:07 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GARY		WILLIAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5650		GARY.WILLIAMS@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR REIMBURSEMENT SPECIALIST	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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	213	77,745	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)		213	77,745	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		233	85,045	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		233				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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	11,701	2,453	32,136			1.00
2.00 HMO and other (see instructions)	9,665	3,003				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,701	2,453	32,136			7.00
8.00 INTENSIVE CARE UNIT	1,947	512	4,961			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		473	1,209			13.00
14.00 Total (see instructions)	13,648	3,438	38,306	0.00	1,015.55	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			870			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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	1,015.55	27.00
28.00 Observation Bed Days		196	7,804			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	102	206			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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,053	446	9,628	1.00
2.00 HMO and other (see instructions)				2,279	905		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		3,053	446	9,628	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	72,030,976	0	72,030,976	2,112,344.00	34.10
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		550,861	0	550,861	3,218.50	171.15
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		253,717	0	253,717	1,988.75	127.58
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,421,885	0	3,421,885	60,678.25	56.39
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		151,164	0	151,164	1,038.55	145.55
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		7,384,304	0	7,384,304	118,450.00	62.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		18,717,258	0	18,717,258		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		0	0	0		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		147,415	0	147,415		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		67,897	0	67,897		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,387,371	0	1,387,371		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	787,204	-597,945	189,259	8,049.60	23.51
27.00	Administrative & General	5.00	6,518,458	-546,552	5,971,906	135,049.93	44.22

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 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.)		1,060,969	0	1,060,969	5,689.12	186.49	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,113,941	14,222	2,128,163	72,883.20	29.20	30.00
31.00	Laundry & Linen Service	8.00	12,610	0	12,610	728.00	17.32	31.00
32.00	Housekeeping	9.00	1,841,539	0	1,841,539	107,536.00	17.12	32.00
33.00	Housekeeping under contract (see instructions)		3,563	0	3,563	40.40	88.19	33.00
34.00	Dietary	10.00	1,969,749	-906,016	1,063,733	57,956.62	18.35	34.00
35.00	Dietary under contract (see instructions)		6,237	0	6,237	258.00	24.17	35.00
36.00	Cafeteria	11.00	0	913,260	913,260	50,099.38	18.23	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,701,855	86,374	4,788,229	101,587.20	47.13	38.00
39.00	Central Services and Supply	14.00	256,712	61,617	318,329	37,358.73	8.52	39.00
40.00	Pharmacy	15.00	3,196,960	31,536	3,228,496	64,272.00	50.23	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	949,766	0	949,766	23,545.00	40.34	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2019 3:07 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	72,848,028	0	72,848,028	2,116,342.77	34.42	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,848,028	0	72,848,028	2,116,342.77	34.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,957,353	0	10,957,353	180,166.80	60.82	4.00
5.00	Subtotal wage-related costs (see inst.)	20,252,044	0	20,252,044	0.00	27.80	5.00
6.00	Total (sum of lines 3 thru 5)	104,057,425	0	104,057,425	2,296,509.57	45.31	6.00
7.00	Total overhead cost (see instructions)	23,419,563	-943,504	22,476,059	665,053.18	33.80	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 3:07 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		1,453,309	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)		1,599,600	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		93,366	6.00
7.00	Employee Managed Care Program Administration Fees		758,084	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		5,132,441	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		1,651,595	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		231,745	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		91,627	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		558,012	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		1,707,400	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		5,166,815	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-36,598	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		171,574	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		353,600	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		18,932,570	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 3:07 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	3,421,885	18,932,570	1.00
2.00	Hospital	3,421,885	18,717,258	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	215,312	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 3:07 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.222412	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		21,571,937	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		155,735,750	6.00	
7.00	Medicaid cost (line 1 times line 6)		34,637,500	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)		13,065,563	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)		13,065,563	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)	10,698,379	2,034,323	12,732,702	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,379,448	2,034,323	4,413,771	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,379,448	2,034,323	4,413,771	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)			14,415,378	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,066,318	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,640,489	27.01
28.00	Non-Medicare bad debt expense (see instructions)			12,774,889	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,415,460	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,829,231	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,894,794	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		6,046,388	6,046,388	3,513,647	9,560,035
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	787,204	14,296,367	15,083,571	-626,230	14,457,341
5.00	00500	ADMINISTRATIVE & GENERAL	6,518,458	49,429,990	55,948,448	-987,757	54,960,691
7.00	00700	OPERATION OF PLANT	2,113,941	4,449,066	6,563,007	456,960	7,019,967
8.00	00800	LAUNDRY & LINEN SERVICE	12,610	815,458	828,068	-2,099	825,969
9.00	00900	HOUSEKEEPING	1,841,539	929,924	2,771,463	-15,785	2,755,678
10.00	01000	DIETARY	1,969,749	1,224,547	3,194,296	-1,507,255	1,687,041
11.00	01100	CAFETERIA	0	0	0	1,481,012	1,481,012
13.00	01300	NURSING ADMINISTRATION	4,701,855	717,678	5,419,533	-43,121	5,376,412
14.00	01400	CENTRAL SERVICES & SUPPLY	256,712	318,750	575,462	-145,898	429,564
15.00	01500	PHARMACY	3,196,960	17,210,351	20,407,311	-14,908,879	5,498,432
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53,281	53,281	-1,048	52,233
17.00	01700	SOCIAL SERVICE	949,766	67,177	1,016,943	-46	1,016,897
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,675,300	6,640,769	26,316,069	-3,254,540	23,061,529
31.00	03100	INTENSIVE CARE UNIT	4,066,314	1,466,299	5,532,613	-583,786	4,948,827
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	515,623	725,503	1,241,126	-64,931	1,176,195
44.00	04400	SKILLED NURSING FACILITY	0	1,886	1,886	-1,886	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,972,977	15,739,605	20,712,582	-14,002,512	6,710,070
53.00	05300	ANESTHESIOLOGY	162,983	270,698	433,681	1,191,996	1,625,677
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,863,967	1,885,107	6,749,074	-1,247,924	5,501,150
56.00	05600	RADIOISOTOPE	341,955	677,394	1,019,349	-644,719	374,630
56.01	05601	ULTRASOUND	637,660	121,488	759,148	-65,076	694,072
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,344,099	4,627,416	5,971,515	-4,345,875	1,625,640
60.00	06000	LABORATORY	0	6,594,594	6,594,594	-1,317	6,593,277
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,107,392	1,107,392	-661,479	445,913
64.00	06400	INTRAVENOUS THERAPY	361,296	188,688	549,984	-161,586	388,398
65.00	06500	RESPIRATORY THERAPY	1,326,918	382,407	1,709,325	-158,011	1,551,314
66.00	06600	PHYSICAL THERAPY	101,208	3,114,983	3,216,191	-821,598	2,394,593
67.00	06700	OCCUPATIONAL THERAPY	0	151	151	773,293	773,444
68.00	06800	SPEECH PATHOLOGY	283,694	23,772	307,466	-1,057	306,409
69.00	06900	ELECTROCARDIOLOGY	1,017,421	241,086	1,258,507	62,523	1,321,030
70.00	07000	ELECTROENCEPHALOGRAPHY	99,066	20,605	119,671	-15,350	104,321
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,984,170	11,984,170
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,337,193	10,337,193
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,323,844	16,323,844
74.00	07400	RENAL DIALYSIS	485,591	277,490	763,081	-218,249	544,832
75.00	07500	ASC (NON-DISTINCT PART)	1,534,408	339,551	1,873,959	-181,420	1,692,539
76.00	03560	PULMONARY FUNCTION TESTING	75,338	7,736	83,074	-2,316	80,758
76.97	07697	CARDIAC REHABILITATION	334,516	75,801	410,317	38,482	448,799
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	2,273,165	947,089	3,220,254	-637,983	2,582,271
91.00	09100	EMERGENCY	5,208,683	4,393,029	9,601,712	-853,387	8,748,325
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	SLEEP LAB	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	1,219,903	1,219,903	0	1,219,903
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,030,976	146,649,419	218,680,395	0	218,680,395

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/29/2019 3:07 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	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	151,463	151,463	0	151,463	190.00
190.01	19001	NONREIMBURSABLE HHA	0	68,624	68,624	0	68,624	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	72,030,976	146,869,506	218,900,482	0	218,900,482	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,402,974	10,963,009	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,658,208	17,115,549	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-22,423,651	32,537,040	5.00
7.00	00700	OPERATION OF PLANT	0	7,019,967	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	825,969	8.00
9.00	00900	HOUSEKEEPING	-1,664	2,754,014	9.00
10.00	01000	DIETARY	-444,525	1,242,516	10.00
11.00	01100	CAFETERIA	0	1,481,012	11.00
13.00	01300	NURSING ADMINISTRATION	-8,435	5,367,977	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,341	428,223	14.00
15.00	01500	PHARMACY	0	5,498,432	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52,233	16.00
17.00	01700	SOCIAL SERVICE	0	1,016,897	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,600,556	20,460,973	30.00
31.00	03100	INTENSIVE CARE UNIT	-819	4,948,008	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-600,042	576,153	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-7,221	6,702,849	50.00
53.00	05300	ANESTHESIOLOGY	-1,387,340	238,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,510	5,489,640	54.00
56.00	05600	RADIOISOTOPE	-10,695	363,935	56.00
56.01	05601	ULTRASOUND	0	694,072	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-99	1,625,541	59.00
60.00	06000	LABORATORY	-362,670	6,230,607	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	445,913	62.00
64.00	06400	INTRAVENOUS THERAPY	0	388,398	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,551,314	65.00
66.00	06600	PHYSICAL THERAPY	-349	2,394,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	773,444	67.00
68.00	06800	SPEECH PATHOLOGY	-108	306,301	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,343	1,317,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	104,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,984,170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,337,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,323,844	73.00
74.00	07400	RENAL DIALYSIS	0	544,832	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-172	1,692,367	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	80,758	76.00
76.97	07697	CARDIAC REHABILITATION	0	448,799	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-1,042	2,581,229	90.00
91.00	09100	EMERGENCY	-2,936,048	5,812,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	SLEEP LAB	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	112.00
113.00	11300	INTEREST EXPENSE	-1,219,903	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,960,351	190,720,044	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	151,463	190.00
190.01	19001	NONREIMBURSABLE HHA	-68,624	0	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6.00	7.00	
194.00	07950	FUND RAISING	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,028,975	190,871,507	194.00
					200.00



		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAFETERIA COSTS</b>						
1.00	CAFETERIA	11.00	913,260	567,752	1.00	
	O		913,260	567,752		
<b>B - PATIENT DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,323,844	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
	O		0	16,323,844		
<b>D - CENTRAL PROCESSING</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	54,056	0	1.00	
	O		54,056	0		
<b>E - MEDICAL DIRECTORS - PHYSICIANS</b>						
1.00	ADULTS & PEDIATRICS	30.00	71,915	2,500	1.00	
2.00	OPERATING ROOM	50.00	79,974	0	2.00	
3.00	ANESTHESIOLOGY	53.00	0	1,437,340	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	32,589	12,000	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	36,500	0	5.00	
6.00	RESPIRATORY THERAPY	65.00	90,000	0	6.00	
7.00	ELECTROCARDIOLOGY	69.00	38,000	0	7.00	
8.00	RENAL DIALYSIS	74.00	15,600	0	8.00	
9.00	CLINIC	90.00	10,000	70,080	9.00	
10.00	EMERGENCY	91.00	64,000	215,836	10.00	
	O		438,578	1,737,756		
<b>G - CONTRACTED OR NURSE ASSISTANTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,400	1.00	
	O		0	9,400		
<b>H - EQUIP DEPR</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,134,699	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-6

Date/Time Prepared:  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
			0	4,134,699	
<b>I - OCCUPATIONAL THERAPY</b>					
1.00	OCCUPATIONAL THERAPY	67.00	0	773,395	1.00
			0	773,395	
<b>J - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,321,363	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
			0	22,321,363	
<b>K - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,337,193	1.00
			0	10,337,193	
<b>L - CARDIOLOGY ADMINISTRATION</b>					
1.00	CARDIAC CATHETERIZATION	59.00	199,322	26,425	1.00
2.00	ELECTROCARDIOLOGY	69.00	145,110	19,238	2.00
3.00	CARDIAC REHABILITATION	76.97	47,711	6,325	3.00
			392,143	51,988	
<b>M - MANAGEMENT INCENTIVES</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	338,225	0	1.00
2.00	OPERATION OF PLANT	7.00	14,222	0	2.00
3.00	DIETARY	10.00	7,244	0	3.00
4.00	NURSING ADMINISTRATION	13.00	86,374	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	7,561	0	5.00
6.00	PHARMACY	15.00	31,536	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	49,282	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	9,176	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	30,621	0	9.00
10.00	RESPIRATORY THERAPY	65.00	5,670	0	10.00
11.00	ASC (NON-DISTINCT PART)	75.00	8,858	0	11.00
12.00	EMERGENCY	91.00	9,176	0	12.00
			597,945	0	
<b>N - NON-DEPRECIATION PLANT OP COSTS</b>					
1.00	OPERATION OF PLANT	7.00	0	621,052	1.00
	TOTALS		0	621,052	
500.00	Grand Total: Increases		2,395,982	56,878,442	500.00

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA COSTS</b>						
1.00	DIETARY	10.00	913,260	567,752	0	1.00
	O		913,260	567,752		
<b>B - PATIENT DRUGS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,994	0	1.00
2.00	DIETARY	10.00	0	340	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	48	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	952	0	4.00
5.00	PHARMACY	15.00	0	14,780,621	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	192,539	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	61,633	0	7.00
8.00	NURSERY	43.00	0	497	0	8.00
9.00	OPERATING ROOM	50.00	0	65,193	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	38,531	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45,188	0	11.00
12.00	RADIOISOTOPE	56.00	0	644,719	0	12.00
13.00	ULTRASOUND	56.01	0	307	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	8,944	0	14.00
15.00	INTRAVENOUS THERAPY	64.00	0	32,224	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	1,085	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	53	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	4,533	0	18.00
19.00	RENAL DIALYSIS	74.00	0	1,287	0	19.00
20.00	ASC (NON-DIAGNOSTIC PART)	75.00	0	100,796	0	20.00
21.00	CLINIC	90.00	0	40,628	0	21.00
22.00	EMERGENCY	91.00	0	275,732	0	22.00
	O		0	16,323,844		
<b>D - CENTRAL PROCESSING</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	54,056	0	0	1.00
	O		54,056	0		
<b>E - MEDICAL DIRECTORS - PHYSICIANS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	438,578	350,416	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,387,340	0	2.00
3.00			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
	O		438,578	1,737,756		
<b>G - CONTRACTED OR NURSE ASSISTANTS</b>						
1.00	OPERATING ROOM	50.00	0	9,400	0	1.00
	O		0	9,400		
<b>H - EQUIP DEPR</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	48,201	9	1.00
2.00	OPERATION OF PLANT	7.00	0	178,145	0	2.00
3.00	HOUSEKEEPING	9.00	0	10,681	0	3.00
4.00	DIETARY	10.00	0	22,019	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	128,267	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	137,585	0	6.00
7.00	PHARMACY	15.00	0	125,740	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,048	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	681,962	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	44,732	0	10.00
11.00	NURSERY	43.00	0	25,433	0	11.00
12.00	SKILLED NURSING FACILITY	44.00	0	1,886	0	12.00
13.00	OPERATING ROOM	50.00	0	1,373,476	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	62,421	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	713,302	0	15.00
16.00	ULTRASOUND	56.01	0	7,758	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	149,995	0	17.00
18.00	LABORATORY	60.00	0	1,317	0	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	10,775	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	29,120	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	7,135	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	102	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	115,112	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,033	0	24.00
25.00	RENAL DIALYSIS	74.00	0	40,483	0	25.00
26.00	ASC (NON-DIAGNOSTIC PART)	75.00	0	33,985	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	9,584	0	27.00
28.00	CLINIC	90.00	0	16,458	0	28.00

RECLASSIFICATIONS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-6

Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	EMERGENCY	91.00	0	151,944	0		29.00
	O		0	4,134,699			
I - OCCUPATIONAL THERAPY							
1.00	PHYSICAL THERAPY	66.00	0	773,395	0		1.00
	O		0	773,395			
J - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	291	0		1.00
2.00	OPERATION OF PLANT	7.00	0	169	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	2,099	0		3.00
4.00	HOUSEKEEPING	9.00	0	5,104	0		4.00
5.00	DIETARY	10.00	0	11,128	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,180	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,978	0		7.00
8.00	PHARMACY	15.00	0	34,054	0		8.00
9.00	SOCIAL SERVICE	17.00	0	46	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,116,396	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	486,597	0		11.00
12.00	NURSERY	43.00	0	39,001	0		12.00
13.00	OPERATING ROOM	50.00	0	12,634,417	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	144,392	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	564,644	0		15.00
16.00	ULTRASOUND	56.01	0	57,011	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	4,449,183	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	661,479	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	118,587	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	223,476	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	41,015	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	1,057	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	20,180	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,317	0		24.00
25.00	RENAL DIALYSIS	74.00	0	192,079	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0	55,497	0		26.00
27.00	PULMONARY FUNCTION TESTING	76.00	0	2,316	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	5,970	0		28.00
29.00	CLINIC	90.00	0	660,977	0		29.00
30.00	EMERGENCY	91.00	0	714,723	0		30.00
	O		0	22,321,363			
K - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,337,193	0		1.00
	O		0	10,337,193			
L - CARDIOLOGY ADMINISTRATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	392,143	51,988	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		392,143	51,988			
M - MANAGEMENT INCENTIVES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	597,945	0	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
12.00		0.00	0	0	0		12.00
	O		597,945	0			
N - NON-DEPRECIATION PLANT OP COSTS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	621,052	9		1.00
	TOTALS		0	621,052			
500.00	Grand Total: Decreases		2,395,982	56,878,442			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	714,843	0	0	0	1.00
2.00	Land Improvements	5,497,166	0	0	0	2.00
3.00	Buildings and Fixtures	136,342,444	6,875,480	0	6,875,480	3.00
4.00	Building Improvements	3,308,192	0	0	0	4.00
5.00	Fixed Equipment	61,394,794	4,051,323	0	4,051,323	5.00
6.00	Movable Equipment	48,532	38,301	0	38,301	6.00
7.00	HIT designated Assets	802,434	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	208,108,405	10,965,104	0	10,965,104	8.00
9.00	Reconciling Items	-5,870,391	-2,056,335	0	-2,056,335	9.00
10.00	Total (line 8 minus line 9)	213,978,796	13,021,439	0	13,021,439	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	714,843	0			1.00
2.00	Land Improvements	5,497,166	4,315,399			2.00
3.00	Buildings and Fixtures	143,217,924	66,884,093			3.00
4.00	Building Improvements	3,308,192	269,880			4.00
5.00	Fixed Equipment	65,020,466	38,097,695			5.00
6.00	Movable Equipment	86,833	25,793			6.00
7.00	HIT designated Assets	802,434	631,147			7.00
8.00	Subtotal (sum of lines 1-7)	218,647,858	110,224,007			8.00
9.00	Reconciling Items	-7,926,726	0			9.00
10.00	Total (line 8 minus line 9)	226,574,584	110,224,007			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,046,388	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	6,046,388	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	NEW CAP REL COSTS-BLDG & FIXT	0	6,046,388				1.00
3.00	Total (sum of lines 1-2)	0	6,046,388				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	218,647,858	0	218,647,858	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	218,647,858	0	218,647,858	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,963,009	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	10,963,009	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,963,009	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,963,009	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8

Date/Time Prepared:  
5/29/2019 3:07 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	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	-89,162		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,890,661				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	-5,489,580				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)	A			UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		-461,475		ADULTS & PEDIATRICS	30.00		30.99
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



ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8

Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 OTHER NONALLOWABLE EXPENSES	A	-190,540	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.00
33.01 OTHER NONALLOWABLE EXPENSES	A	-9,270	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02 OTHER NONALLOWABLE EXPENSES	A	-572,333	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 OTHER NONALLOWABLE EXPENSES	A	-1,664	HOUSEKEEPING	9.00	0	33.03
33.04 OTHER NONALLOWABLE EXPENSES	A	-4,858	DIETARY	10.00	0	33.04
33.05 OTHER NONALLOWABLE EXPENSES	A	-7,877	NURSING ADMINISTRATION	13.00	0	33.05
33.06 OTHER NONALLOWABLE EXPENSES	A	-20,340	ADULTS & PEDIATRICS	30.00	0	33.06
33.07 OTHER NONALLOWABLE EXPENSES	A	-819	INTENSIVE CARE UNIT	31.00	0	33.07
33.08 OTHER NONALLOWABLE EXPENSES	A	-42	NURSERY	43.00	0	33.08
33.09 OTHER NONALLOWABLE EXPENSES	A	-6,621	OPERATING ROOM	50.00	0	33.09
33.10 OTHER NONALLOWABLE EXPENSES	A	-760	RADIOLOGY-DIAGNOSTIC	54.00	0	33.10
33.11 OTHER NONALLOWABLE EXPENSES	A	-99	CARDIAC CATHETERIZATION	59.00	0	33.11
33.12 OTHER NONALLOWABLE EXPENSES	A	-139	PHYSICAL THERAPY	66.00	0	33.12
33.13 OTHER NONALLOWABLE EXPENSES	A	-108	SPEECH PATHOLOGY	68.00	0	33.13
33.14 OTHER NONALLOWABLE EXPENSES	A	-41	ELECTROCARDIOLOGY	69.00	0	33.14
33.15 OTHER NONALLOWABLE EXPENSES	A	-172	ASC (NON-DISTINCT PART)	75.00	0	33.15
33.16 OTHER NONALLOWABLE EXPENSES	A	-1,042	CLINIC	90.00	0	33.16
33.17 OTHER NONALLOWABLE EXPENSES	A	-151,348	EMERGENCY	91.00	0	33.17
33.18 OTHER NONALLOWABLE EXPENSES	A	0		0.00	0	33.18
33.19 OTHER NONALLOWABLE EXPENSES	A	0		0.00	0	33.19
33.20 OTHER NONALLOWABLE EXPENSES	A	0		0.00	0	33.20
33.21 OTHER NONALLOWABLE EXPENSES	A	0		0.00	0	33.21
33.22 OTHER NONALLOWABLE EXPENSES	A	0		0.00	0	33.22
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
34.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.05
36.05 AHP FEE	A	-1,723,861	ADMINISTRATIVE & GENERAL	5.00	0	36.05
37.00 BOOKED DEPR TO MC	A	-421	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	37.00
37.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00
39.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.05
40.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.03
41.00 ADVERTISING COSTS	A	-545	ADMINISTRATIVE & GENERAL	5.00	0	41.00
45.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.01
45.02 BOOKED INTEREST EXPENSE	A	-1,219,903	INTEREST EXPENSE	113.00	0	45.02
45.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.06
45.07 HHA EXPENSES	A	-68,624	NONREIMBURSABLE HHA	190.01	0	45.07
45.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.10
45.15 PUBLIC AID ASSESSMENT	A	-9,702,523	ADMINISTRATIVE & GENERAL	5.00	0	45.15
45.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.16
45.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.17
45.18 OTHER INCOME	B	-584,234	ADMINISTRATIVE & GENERAL	5.00	0	45.18
45.19 OTHER INCOME	B	-439,667	DIETARY	10.00	0	45.19
45.24 OTHER INCOME	B	-558	NURSING ADMINISTRATION	13.00	0	45.24
45.25 OTHER INCOME	B	-1,341	CENTRAL SERVICES & SUPPLY	14.00	0	45.25
45.27 OTHER INCOME	B	-600	OPERATING ROOM	50.00	0	45.27
45.28 OTHER INCOME	B	-10,750	RADIOLOGY-DIAGNOSTIC	54.00	0	45.28
45.30 OTHER INCOME	B	-10,695	RADIOISOTOPE	56.00	0	45.30
45.34 OTHER INCOME	B	-362,670	LABORATORY	60.00	0	45.34
45.35 OTHER INCOME	B	-210	PHYSICAL THERAPY	66.00	0	45.35
45.36 OTHER INCOME	B	-3,302	ELECTROCARDIOLOGY	69.00	0	45.36
45.37 OTHER INCOME	B	-120	EMERGENCY	91.00	0	45.37
45.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.38
45.39 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.39

Provider CCN: 14-0250  
 Period: From 01/01/2018 To 12/31/2018  
 Worksheet A-8  
 Date/Time Prepared: 5/29/2019 3:07 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
45.40 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.40
45.41 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.41
45.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.42
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,028,975				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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:  
5/29/2019 3:07 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION	4,337,268	11,694,105 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION IT	5,186,719	7,580,875 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE PERSONNEL ALLOC	2,667,478	0 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE DEPR	1,593,935	0 4.00
4.01	0.00			0	0 4.01
4.02	0.00			0	0 4.02
5.00	0		0	13,785,400	19,274,980 5.00

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

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

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

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

6.00	B	0.00	ADVOCATE HEALTH	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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:  
5/29/2019 3:07 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-7,356,837	0		1.00
2.00	-2,394,156	0		2.00
3.00	2,667,478	0		3.00
4.00	1,593,935	9		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	-5,489,580			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	HOME OFFICE		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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:  
5/29/2019 3:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,118,741	2,118,741	0	0	0	1.00
2.00	43.00	AGGREGATE-NURSERY	600,000	600,000	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,387,340	1,387,340	0	0	0	3.00
4.00	91.00	AGGREGATE-EMERGENCY	2,784,580	2,784,580	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	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			6,890,661	6,890,661	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	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			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,118,741		1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	600,000		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,387,340		3.00
4.00	91.00	AGGREGATE-EMERGENCY	0	0	0	2,784,580		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		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	0	0	6,890,661		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	10,963,009	10,963,009				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,115,549	13,337	17,128,886			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,537,040	1,201,477	1,423,852	35,162,369	35,162,369	5.00
7.00 00700	OPERATION OF PLANT	7,019,967	2,697,600	507,407	10,224,974	2,309,014	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	825,969	28,040	3,007	857,016	193,532	8.00
9.00 00900	HOUSEKEEPING	2,754,014	124,242	439,069	3,317,325	749,122	9.00
10.00 01000	DIETARY	1,242,516	201,421	253,621	1,697,558	383,344	10.00
11.00 01100	CAFETERIA	1,481,012	195,272	217,744	1,894,028	427,711	11.00
13.00 01300	NURSING ADMINISTRATION	5,367,977	108,800	1,141,633	6,618,410	1,494,576	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	428,223	69,773	75,898	573,894	129,597	14.00
15.00 01500	PHARMACY	5,498,432	118,776	769,754	6,386,962	1,442,310	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	52,233	105,712	0	157,945	35,667	16.00
17.00 01700	SOCIAL SERVICE	1,016,897	18,557	226,448	1,261,902	284,964	17.00
23.00 02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	20,460,973	2,554,472	4,720,003	27,735,448	6,263,224	30.00
31.00 03100	INTENSIVE CARE UNIT	4,948,008	390,790	971,699	6,310,497	1,425,043	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	576,153	46,133	122,937	745,223	168,287	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	6,702,849	631,731	1,204,750	8,539,330	1,928,360	50.00
53.00 05300	ANESTHESIOLOGY	238,337	10,932	38,859	288,128	65,065	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,489,640	623,040	1,174,762	7,287,442	1,645,657	54.00
56.00 05600	RADIOISOTOPE	363,935	73,599	81,531	519,065	117,216	56.00
56.01 05601	ULTRASOUND	694,072	0	152,034	846,106	191,069	56.01
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,625,541	102,624	376,693	2,104,858	475,321	59.00
60.00 06000	LABORATORY	6,230,607	261,219	0	6,491,826	1,465,991	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	445,913	30,008	0	475,921	107,473	62.00
64.00 06400	INTRAVENOUS THERAPY	388,398	5,548	86,142	480,088	108,414	64.00
65.00 06500	RESPIRATORY THERAPY	1,551,314	58,677	339,181	1,949,172	440,164	65.00
66.00 06600	PHYSICAL THERAPY	2,394,244	151,845	24,131	2,570,220	580,410	66.00
67.00 06700	OCCUPATIONAL THERAPY	773,444	23,476	0	796,920	179,961	67.00
68.00 06800	SPEECH PATHOLOGY	306,301	5,548	67,640	379,489	85,697	68.00
69.00 06900	ELECTROCARDIOLOGY	1,317,687	23,832	286,237	1,627,756	367,581	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	104,321	24,542	23,620	152,483	34,434	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,984,170	0	0	11,984,170	2,706,277	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	10,337,193	0	0	10,337,193	2,334,355	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,323,844	0	0	16,323,844	3,686,267	73.00
74.00 07400	RENAL DIALYSIS	544,832	41,596	119,496	705,924	159,412	74.00
75.00 07500	ASC (NON-DISTINCT PART)	1,692,367	213,611	367,953	2,273,931	513,501	75.00
76.00 03560	PULMONARY FUNCTION TESTING	80,758	8,636	17,962	107,356	24,243	76.00
76.97 07697	CARDIAC REHABILITATION	448,799	82,126	91,132	622,057	140,474	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	2,581,229	207,680	544,364	3,333,273	752,723	90.00
91.00 09100	EMERGENCY	5,812,277	483,275	1,259,327	7,554,879	1,706,050	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950	SLEEP LAB	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	190,720,044	10,937,947	17,128,886	190,694,982	35,122,506	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	151,463	21,290	0	172,753	39,011	190.00
190.01	19001 NONREIMBURSABLE HHA	0	3,772	0	3,772	852	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
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)	190,871,507	10,963,009	17,128,886	190,871,507	35,162,369	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	12,533,988				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,848	1,100,396			8.00
9.00	00900	HOUSEKEEPING	220,867	0	4,287,314		9.00
10.00	01000	DIETARY	358,071	0	125,184	2,564,157	10.00
11.00	01100	CAFETERIA	347,139	0	121,362	0	11.00
13.00	01300	NURSING ADMINISTRATION	193,417	0	67,620	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	124,037	0	43,364	0	14.00
15.00	01500	PHARMACY	211,150	0	73,819	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	187,926	0	65,700	0	16.00
17.00	01700	SOCIAL SERVICE	32,989	0	11,533	0	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,541,136	923,154	1,587,610	2,151,145	30.00
31.00	03100	INTENSIVE CARE UNIT	694,716	142,512	242,877	332,083	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	82,011	34,730	28,672	80,929	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,123,041	0	392,622	0	50.00
53.00	05300	ANESTHESIOLOGY	19,434	0	6,794	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,107,591	0	387,220	0	54.00
56.00	05600	RADIOISOTOPE	130,839	0	45,742	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	182,436	0	63,781	0	59.00
60.00	06000	LABORATORY	464,375	0	162,348	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	53,346	0	18,650	0	62.00
64.00	06400	INTRAVENOUS THERAPY	9,863	0	3,448	0	64.00
65.00	06500	RESPIRATORY THERAPY	104,312	0	36,468	0	65.00
66.00	06600	PHYSICAL THERAPY	269,938	0	94,372	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,734	0	14,591	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,863	0	3,448	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,366	0	14,811	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,629	0	15,253	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	73,946	0	25,852	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	379,740	0	132,759	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	15,353	0	5,367	0	76.00
76.97	07697	CARDIAC REHABILITATION	145,998	0	51,042	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	369,197	0	129,073	0	90.00
91.00	09100	EMERGENCY	859,127	0	300,356	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,489,435	1,100,396	4,271,738	2,564,157	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,848	0	13,232	0	190.00
190.01	19001	NONREIMBURSABLE HHA	6,705	0	2,344	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
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)	12,533,988	1,100,396	4,287,314	2,564,157	2,790,240	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/29/2019 3:07 pm	
Cost Center Description			NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	8,597,025					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	885,718				14.00
15.00	01500	PHARMACY	0	32,079	8,296,681			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,578	0	449,816		16.00
17.00	01700	SOCIAL SERVICE	198,793	1,946	0	0	1,836,360	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,793,811	219,111	98,035	58,605	1,540,574	30.00
31.00	03100	INTENSIVE CARE UNIT	814,336	30,954	31,382	12,917	237,827	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	99,792	2,487	253	880	57,959	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	988,079	391,133	33,194	48,301	0	50.00
53.00	05300	ANESTHESIOLOGY	32,707	9,114	19,619	11,730	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,989	49,866	23,008	60,692	0	54.00
56.00	05600	RADIOISOTOPE	0	1,319	328,272	6,536	0	56.00
56.01	05601	ULTRASOUND	2,884	8,116	156	7,081	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	261,678	10,622	4,554	12,233	0	59.00
60.00	06000	LABORATORY	0	0	0	32,039	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,136	0	62.00
64.00	06400	INTRAVENOUS THERAPY	72,862	9	16,407	377	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,008	9,662	552	7,731	0	65.00
66.00	06600	PHYSICAL THERAPY	20,853	15,477	27	6,625	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,197	0	67.00
68.00	06800	SPEECH PATHOLOGY	58,649	1,153	0	703	0	68.00
69.00	06900	ELECTROCARDIOLOGY	206,034	8,941	2,308	11,731	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,147	0	0	862	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,395	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,977	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,525,856	66,026	0	73.00
74.00	07400	RENAL DIALYSIS	95,394	2,312	655	1,885	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	322,419	11,480	51,322	4,613	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	1,841	0	0	138	0	76.00
76.97	07697	CARDIAC REHABILITATION	39,919	27,141	0	992	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	317,212	16,063	20,687	9,840	0	90.00
91.00	09100	EMERGENCY	1,126,618	33,873	140,394	55,574	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,597,025	885,436	8,296,681	449,816	1,836,360	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	282	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
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)	8,597,025	885,718	8,296,681	449,816	1,836,360	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
23.00	02301	PARAMEDICAL ED PRGM	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	49,833,862	0	49,833,862
31.00	03100	INTENSIVE CARE UNIT	0	10,464,952	0	10,464,952
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	1,325,237	0	1,325,237
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	13,679,391	0	13,679,391
53.00	05300	ANESTHESIOLOGY	0	460,182	0	460,182
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,902,938	0	10,902,938
56.00	05600	RADIOISOTOPE	0	1,164,915	0	1,164,915
56.01	05601	ULTRASOUND	0	1,085,110	0	1,085,110
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	3,189,065	0	3,189,065
60.00	06000	LABORATORY	0	8,616,579	0	8,616,579
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	658,526	0	658,526
64.00	06400	INTRAVENOUS THERAPY	0	708,295	0	708,295
65.00	06500	RESPIRATORY THERAPY	0	2,625,323	0	2,625,323
66.00	06600	PHYSICAL THERAPY	0	3,562,636	0	3,562,636
67.00	06700	OCCUPATIONAL THERAPY	0	1,035,403	0	1,035,403
68.00	06800	SPEECH PATHOLOGY	0	552,214	0	552,214
69.00	06900	ELECTROCARDIOLOGY	0	2,337,440	0	2,337,440
70.00	07000	ELECTROENCEPHALOGRAPHY	0	271,422	0	271,422
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,699,842	0	14,699,842
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,688,525	0	12,688,525
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,601,993	0	27,601,993
74.00	07400	RENAL DIALYSIS	0	1,088,722	0	1,088,722
75.00	07500	ASC (NON-DISTINCT PART)	0	3,761,640	0	3,761,640
76.00	03560	PULMONARY FUNCTION TESTING	0	157,807	0	157,807
76.97	07697	CARDIAC REHABILITATION	0	1,045,424	0	1,045,424
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	5,054,402	0	5,054,402
91.00	09100	EMERGENCY	0	12,022,863	0	12,022,863
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
93.00	04950	SLEEP LAB	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	190,594,708	0	190,594,708

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	263,126	0	263,126		190.00
190.01	19001	NONREIMBURSABLE HHA	0	13,673	0	13,673		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FUND RAISING	0	0	0	0		194.00
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	190,871,507	0	190,871,507		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	98	13,337	13,435	13,435		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	290,398	1,201,477	1,491,875	1,117	1,492,992	5.00
7.00 00700	OPERATION OF PLANT	353	2,697,600	2,697,953	398	98,037	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	28,040	28,040	2	8,217	8.00
9.00 00900	HOUSEKEEPING	0	124,242	124,242	344	31,807	9.00
10.00 01000	DIETARY	31,329	201,421	232,750	199	16,276	10.00
11.00 01100	CAFETERIA	0	195,272	195,272	171	18,160	11.00
13.00 01300	NURSING ADMINISTRATION	0	108,800	108,800	895	63,457	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	47,346	69,773	117,119	60	5,502	14.00
15.00 01500	PHARMACY	150,160	118,776	268,936	604	61,238	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	49,240	105,712	154,952	0	1,514	16.00
17.00 01700	SOCIAL SERVICE	0	18,557	18,557	178	12,099	17.00
23.00 02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	1,866	2,554,472	2,556,338	3,703	265,984	30.00
31.00 03100	INTENSIVE CARE UNIT	0	390,790	390,790	762	60,505	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	46,133	46,133	96	7,145	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	16,000	631,731	647,731	945	81,875	50.00
53.00 05300	ANESTHESIOLOGY	0	10,932	10,932	30	2,763	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	33,530	623,040	656,570	921	69,872	54.00
56.00 05600	RADIOISOTOPE	0	73,599	73,599	64	4,977	56.00
56.01 05601	ULTRASOUND	0	0	0	119	8,112	56.01
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	540	102,624	103,164	295	20,181	59.00
60.00 06000	LABORATORY	0	261,219	261,219	0	62,244	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	30,008	30,008	0	4,563	62.00
64.00 06400	INTRAVENOUS THERAPY	0	5,548	5,548	68	4,603	64.00
65.00 06500	RESPIRATORY THERAPY	20,536	58,677	79,213	266	18,689	65.00
66.00 06600	PHYSICAL THERAPY	0	151,845	151,845	19	24,643	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	23,476	23,476	0	7,641	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,548	5,548	53	3,639	68.00
69.00 06900	ELECTROCARDIOLOGY	0	23,832	23,832	224	15,607	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	24,542	24,542	19	1,462	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	114,904	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	99,113	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	156,513	73.00
74.00 07400	RENAL DIALYSIS	0	41,596	41,596	94	6,768	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	213,611	213,611	289	21,802	75.00
76.00 03560	PULMONARY FUNCTION TESTING	0	8,636	8,636	14	1,029	76.00
76.97 07697	CARDIAC REHABILITATION	0	82,126	82,126	71	5,964	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	207,680	207,680	427	31,959	90.00
91.00 09100	EMERGENCY	-1,722	483,275	481,553	988	72,436	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950	SLEEP LAB	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	639,674	10,937,947	11,577,621	13,435	1,491,300	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,290	21,290	0	1,656	190.00
190.01 19001	NONREIMBURSABLE HHA	0	3,772	3,772	0	36	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950	FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0	0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	639,674	10,963,009	11,602,683	13,435	1,492,992	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 3:07 pm		
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
			7.00	8.00	9.00	10.00	11.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	2,796,388				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,121	47,380			8.00
9.00	00900	HOUSEKEEPING	49,276	0	205,669		9.00
10.00	01000	DIETARY	79,887	0	6,005	335,117	10.00
11.00	01100	CAFETERIA	77,448	0	5,822	0	296,873
13.00	01300	NURSING ADMINISTRATION	43,152	0	3,244	0	23,726
14.00	01400	CENTRAL SERVICES & SUPPLY	27,673	0	2,080	0	1,577
15.00	01500	PHARMACY	47,109	0	3,541	0	15,997
16.00	01600	MEDICAL RECORDS & LIBRARY	41,927	0	3,152	0	0
17.00	01700	SOCIAL SERVICE	7,360	0	553	0	4,706
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,013,151	39,749	76,160	281,139	98,108
31.00	03100	INTENSIVE CARE UNIT	154,994	6,136	11,651	43,401	20,194
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	18,297	1,495	1,375	10,577	2,555
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	250,555	0	18,835	0	25,037
53.00	05300	ANESTHESIOLOGY	4,336	0	326	0	808
54.00	05400	RADIOLOGY-DIAGNOSTIC	247,108	0	18,576	0	24,414
56.00	05600	RADIOISOTOPE	29,191	0	2,194	0	1,694
56.01	05601	ULTRASOUND	0	0	0	0	3,160
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	40,702	0	3,060	0	7,829
60.00	06000	LABORATORY	103,604	0	7,788	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,902	0	895	0	0
64.00	06400	INTRAVENOUS THERAPY	2,200	0	165	0	1,790
65.00	06500	RESPIRATORY THERAPY	23,272	0	1,749	0	7,049
66.00	06600	PHYSICAL THERAPY	60,224	0	4,527	0	501
67.00	06700	OCCUPATIONAL THERAPY	9,311	0	700	0	0
68.00	06800	SPEECH PATHOLOGY	2,200	0	165	0	1,406
69.00	06900	ELECTROCARDIOLOGY	9,452	0	711	0	5,949
70.00	07000	ELECTROENCEPHALOGRAPHY	9,734	0	732	0	491
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	16,498	0	1,240	0	2,483
75.00	07500	ASC (NON-DISTINCT PART)	84,722	0	6,369	0	7,647
76.00	03560	PULMONARY FUNCTION TESTING	3,425	0	257	0	373
76.97	07697	CARDIAC REHABILITATION	32,573	0	2,449	0	1,894
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	82,369	0	6,192	0	11,313
91.00	09100	EMERGENCY	191,675	0	14,409	0	26,172
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	SLEEP LAB	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,786,448	47,380	204,922	335,117	296,873
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,444	0	635	0	0
190.01	19001	NONREIMBURSABLE HHA	1,496	0	112	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0250			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:07 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
			7.00	8.00	9.00	10.00	11.00		
194.00	07950	FUND RAISING	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,796,388	47,380	205,669	335,117		296,873	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:07 pm	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	243,274				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	154,011			14.00
15.00	01500	PHARMACY	0	5,578	403,003		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	448	0	201,993	16.00
17.00	01700	SOCIAL SERVICE	5,625	338	0	0	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	107,355	38,100	4,762	26,344	41,456
31.00	03100	INTENSIVE CARE UNIT	23,044	5,382	1,524	5,807	6,400
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,824	432	12	396	1,560
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	27,960	68,013	1,612	21,713	0
53.00	05300	ANESTHESIOLOGY	926	1,585	953	5,273	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,169	8,671	1,118	27,282	0
56.00	05600	RADIOISOTOPE	0	229	15,945	2,938	0
56.01	05601	ULTRASOUND	82	1,411	8	3,183	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	7,405	1,847	221	5,499	0
60.00	06000	LABORATORY	0	0	0	14,402	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,410	0
64.00	06400	INTRAVENOUS THERAPY	2,062	1	797	169	0
65.00	06500	RESPIRATORY THERAPY	311	1,680	27	3,475	0
66.00	06600	PHYSICAL THERAPY	590	2,691	1	2,978	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	988	0
68.00	06800	SPEECH PATHOLOGY	1,660	201	0	316	0
69.00	06900	ELECTROCARDIOLOGY	5,830	1,555	112	5,273	0
70.00	07000	ELECTROENCEPHALOGRAPHY	570	0	0	387	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,223	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,632	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	365,562	29,470	0
74.00	07400	RENAL DIALYSIS	2,699	402	32	848	0
75.00	07500	ASC (NON-DISTINCT PART)	9,124	1,996	2,493	2,074	0
76.00	03560	PULMONARY FUNCTION TESTING	52	0	0	62	0
76.97	07697	CARDIAC REHABILITATION	1,130	4,719	0	446	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	8,976	2,793	1,005	4,423	0
91.00	09100	EMERGENCY	31,880	5,890	6,819	24,982	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	SLEEP LAB	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,274	153,962	403,003	201,993	49,416
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	49	0	0	0
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 3:07 pm			
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	243,274	154,011	403,003	201,993	49,416

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 3:07 pm		
Cost Center	Description	PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL				5.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE				17.00	
23.00	02301	PARAMEDICAL ED PRGM	0			23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,552,349	0	4,552,349	30.00	
31.00	03100	INTENSIVE CARE UNIT	730,590	0	730,590	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	42.00	
43.00	04300	NURSERY	92,897	0	92,897	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,144,276	0	1,144,276	50.00	
53.00	05300	ANESTHESIOLOGY	27,932	0	27,932	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,057,701	0	1,057,701	54.00	
56.00	05600	RADIOISOTOPE	130,831	0	130,831	56.00	
56.01	05601	ULTRASOUND	16,075	0	16,075	56.01	
57.00	05700	CT SCAN	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	190,203	0	190,203	59.00	
60.00	06000	LABORATORY	449,257	0	449,257	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,778	0	48,778	62.00	
64.00	06400	INTRAVENOUS THERAPY	17,403	0	17,403	64.00	
65.00	06500	RESPIRATORY THERAPY	135,731	0	135,731	65.00	
66.00	06600	PHYSICAL THERAPY	248,019	0	248,019	66.00	
67.00	06700	OCCUPATIONAL THERAPY	42,116	0	42,116	67.00	
68.00	06800	SPEECH PATHOLOGY	15,188	0	15,188	68.00	
69.00	06900	ELECTROCARDIOLOGY	68,545	0	68,545	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	37,937	0	37,937	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,127	0	119,127	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,745	0	106,745	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	551,545	0	551,545	73.00	
74.00	07400	RENAL DIALYSIS	72,660	0	72,660	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	350,127	0	350,127	75.00	
76.00	03560	PULMONARY FUNCTION TESTING	13,848	0	13,848	76.00	
76.97	07697	CARDIAC REHABILITATION	131,372	0	131,372	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00	
90.00	09000	CLINIC	357,137	0	357,137	90.00	
91.00	09100	EMERGENCY	856,804	0	856,804	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00	
93.00	04950	SLEEP LAB	0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	111.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	112.00	
113.00	11300	INTEREST EXPENSE	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,565,193	0	11,565,193	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		32,074	0	32,074	190.00
190.01	19001	NONREIMBURSABLE HHA		5,416	0	5,416	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
194.00	07950	FUND RAISING		0	0	0	194.00
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	11,602,683	0	11,602,683	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	401,136				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	488	71,841,717			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	43,962	5,971,906	-35,162,369	155,709,138	5.00
7.00 00700	OPERATION OF PLANT	98,705	2,128,163	0	10,224,974	257,981 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,026	12,610	0	857,016	1,026 8.00
9.00 00900	HOUSEKEEPING	4,546	1,841,539	0	3,317,325	4,546 9.00
10.00 01000	DIETARY	7,370	1,063,733	0	1,697,558	7,370 10.00
11.00 01100	CAFETERIA	7,145	913,260	0	1,894,028	7,145 11.00
13.00 01300	NURSING ADMINISTRATION	3,981	4,788,229	0	6,618,410	3,981 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,553	318,329	0	573,894	2,553 14.00
15.00 01500	PHARMACY	4,346	3,228,496	0	6,386,962	4,346 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,868	0	0	157,945	3,868 16.00
17.00 01700	SOCIAL SERVICE	679	949,766	0	1,261,902	679 17.00
23.00 02301	PARAMEDICAL ED PRGM	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	93,468	19,796,497	0	27,735,448	93,468 30.00
31.00 03100	INTENSIVE CARE UNIT	14,299	4,075,490	0	6,310,497	14,299 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,688	515,623	0	745,223	1,688 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	23,115	5,052,951	0	8,539,330	23,115 50.00
53.00 05300	ANESTHESIOLOGY	400	162,983	0	288,128	400 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,797	4,927,177	0	7,287,442	22,797 54.00
56.00 05600	RADIOISOTOPE	2,693	341,955	0	519,065	2,693 56.00
56.01 05601	ULTRASOUND	0	637,660	0	846,106	0 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,755	1,579,921	0	2,104,858	3,755 59.00
60.00 06000	LABORATORY	9,558	0	0	6,491,826	9,558 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098	0	0	475,921	1,098 62.00
64.00 06400	INTRAVENOUS THERAPY	203	361,296	0	480,088	203 64.00
65.00 06500	RESPIRATORY THERAPY	2,147	1,422,588	0	1,949,172	2,147 65.00
66.00 06600	PHYSICAL THERAPY	5,556	101,208	0	2,570,220	5,556 66.00
67.00 06700	OCCUPATIONAL THERAPY	859	0	0	796,920	859 67.00
68.00 06800	SPEECH PATHOLOGY	203	283,694	0	379,489	203 68.00
69.00 06900	ELECTROCARDIOLOGY	872	1,200,531	0	1,627,756	872 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	898	99,066	0	152,483	898 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,984,170	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,337,193	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,323,844	0 73.00
74.00 07400	RENAL DIALYSIS	1,522	501,191	0	705,924	1,522 74.00
75.00 07500	ASC (NON-DISTINCT PART)	7,816	1,543,266	0	2,273,931	7,816 75.00
76.00 03560	PULMONARY FUNCTION TESTING	316	75,338	0	107,356	316 76.00
76.97 07697	CARDIAC REHABILITATION	3,005	382,227	0	622,057	3,005 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	7,599	2,283,165	0	3,333,273	7,599 90.00
91.00 09100	EMERGENCY	17,683	5,281,859	0	7,554,879	17,683 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04950	SLEEP LAB	0	0	0	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0 112.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)		
	NEW BLDG & FIXT (SQUARE FEET)							
	1.00	4.00		5A	5.00	7.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		400,219	71,841,717	-35,162,369	155,532,613	257,064	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	779	0	0	172,753	779	190.00
190.01	19001	NONREIMBURSABLE HHA	138	0	0	3,772	138	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
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)	10,963,009	17,128,886		35,162,369	12,533,988	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.329906	0.238425		0.225821	48.584927	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		13,435		1,492,992	2,796,388	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000187		0.009588	10.839511	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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,306				8.00
9.00	00900	HOUSEKEEPING	0	252,409			9.00
10.00	01000	DIETARY	0	7,370	38,306		10.00
11.00	01100	CAFETERIA	0	7,145	0	59,910,506	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,981	0	4,788,229	40,653,753
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,553	0	318,329	0
15.00	01500	PHARMACY	0	4,346	0	3,228,496	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,868	0	0	0
17.00	01700	SOCIAL SERVICE	0	679	0	949,766	940,058
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	32,136	93,468	32,136	19,796,497	17,940,186
31.00	03100	INTENSIVE CARE UNIT	4,961	14,299	4,961	4,075,490	3,850,854
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,209	1,688	1,209	515,623	471,897
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	23,115	0	5,052,951	4,672,454
53.00	05300	ANESTHESIOLOGY	0	400	0	162,983	154,664
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,797	0	4,927,177	529,577
56.00	05600	RADIOISOTOPE	0	2,693	0	341,955	0
56.01	05601	ULTRASOUND	0	0	0	637,660	13,639
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	3,755	0	1,579,921	1,237,430
60.00	06000	LABORATORY	0	9,558	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	203	0	361,296	344,553
65.00	06500	RESPIRATORY THERAPY	0	2,147	0	1,422,588	52,055
66.00	06600	PHYSICAL THERAPY	0	5,556	0	101,208	98,611
67.00	06700	OCCUPATIONAL THERAPY	0	859	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	203	0	283,694	277,339
69.00	06900	ELECTROCARDIOLOGY	0	872	0	1,200,531	974,299
70.00	07000	ELECTROENCEPHALOGRAPHY	0	898	0	99,066	95,274
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	1,522	0	501,191	451,103
75.00	07500	ASC (NON-DISTINCT PART)	0	7,816	0	1,543,266	1,524,663
76.00	03560	PULMONARY FUNCTION TESTING	0	316	0	75,338	8,705
76.97	07697	CARDIAC REHABILITATION	0	3,005	0	382,227	188,769
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	7,599	0	2,283,165	1,500,042
91.00	09100	EMERGENCY	0	17,683	0	5,281,859	5,327,581
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	SLEEP LAB	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,306	251,492	38,306	59,910,506	40,653,753



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
		8.00	9.00	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	779	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	138	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
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)	1,100,396	4,287,314	2,564,157	2,790,240	8,597,025
203.00		Unit cost multiplier (Wkst. B, Part I)	28.726466	16.985583	66.938782	0.046573	0.211469
204.00		Cost to be allocated (per Wkst. B, Part II)	47,380	205,669	335,117	296,873	243,274
205.00		Unit cost multiplier (Wkst. B, Part II)	1.236882	0.814824	8.748421	0.004955	0.005984
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,028,415				14.00
15.00	01500	PHARMACY	37,247	16,294,510			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,993	0	856,943,475		16.00
17.00	01700	SOCIAL SERVICE	2,259	0	0	38,306	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	254,412	192,539	111,628,677	32,136	0 30.00
31.00	03100	INTENSIVE CARE UNIT	35,941	61,633	24,604,515	4,961	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	2,888	497	1,676,070	1,209	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	454,147	65,193	92,002,702	0	0 50.00
53.00	05300	ANESTHESIOLOGY	10,582	38,531	22,343,539	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,900	45,188	115,603,507	0	0 54.00
56.00	05600	RADIOISOTOPE	1,532	644,719	12,448,893	0	0 56.00
56.01	05601	ULTRASOUND	9,423	307	13,488,000	0	0 56.01
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	12,333	8,944	23,301,568	0	0 59.00
60.00	06000	LABORATORY	0	0	61,026,897	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	5,973,411	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	10	32,224	717,900	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	11,219	1,085	14,726,312	0	0 65.00
66.00	06600	PHYSICAL THERAPY	17,970	53	12,619,678	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,184,351	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	1,339	0	1,338,267	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	10,382	4,533	22,344,328	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,641,265	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	17,894,368	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	32,337,400	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,780,621	125,913,533	0	0 73.00
74.00	07400	RENAL DIALYSIS	2,685	1,287	3,591,340	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,330	100,796	8,786,484	0	0 75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	263,281	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	31,514	0	1,889,309	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	18,651	40,628	18,743,202	0	0 90.00
91.00	09100	EMERGENCY	39,330	275,732	105,854,678	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04950	SLEEP LAB	0	0	0	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0 112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,028,087	16,294,510	856,943,475	38,306	0 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	328	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
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)	885,718	8,296,681	449,816	1,836,360	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.861246	0.509170	0.000525	47.939226	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	154,011	403,003	201,993	49,416	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.149756	0.024732	0.000236	1.290033	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)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		49,833,862	0	49,833,862	30.00	
31.00	03100 INTENSIVE CARE UNIT		10,464,952	0	10,464,952	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		1,325,237	0	1,325,237	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		13,679,391	0	13,679,391	50.00	
53.00	05300 ANESTHESIOLOGY		460,182	0	460,182	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,902,938	0	10,902,938	54.00	
56.00	05600 RADIOISOTOPE		1,164,915	0	1,164,915	56.00	
56.01	05601 ULTRASOUND		1,085,110	0	1,085,110	56.01	
57.00	05700 CT SCAN		0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,189,065	0	3,189,065	59.00	
60.00	06000 LABORATORY		8,616,579	0	8,616,579	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		658,526	0	658,526	62.00	
64.00	06400 INTRAVENOUS THERAPY		708,295	0	708,295	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,625,323	0	2,625,323	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,562,636	0	3,562,636	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,035,403	0	1,035,403	67.00	
68.00	06800 SPEECH PATHOLOGY	0	552,214	0	552,214	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,337,440	0	2,337,440	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		271,422	0	271,422	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,699,842	0	14,699,842	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		12,688,525	0	12,688,525	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		27,601,993	0	27,601,993	73.00	
74.00	07400 RENAL DIALYSIS		1,088,722	0	1,088,722	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		3,761,640	0	3,761,640	75.00	
76.00	03560 PULMONARY FUNCTION TESTING		157,807	0	157,807	76.00	
76.97	07697 CARDIAC REHABILITATION		1,045,424	0	1,045,424	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		5,054,402	0	5,054,402	90.00	
91.00	09100 EMERGENCY		12,022,863	0	12,022,863	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		9,737,207	0	9,737,207	92.00	
93.00	04950 SLEEP LAB		0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF		0	0	0	99.10	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF		0	0	0	112.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00	
200.00	Subtotal (see instructions)		200,331,915	0	200,331,915	200.00	
201.00	Less Observation Beds		9,737,207	0	9,737,207	201.00	
202.00	Total (see instructions)		190,594,708	0	190,594,708	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	82,426,627		82,426,627				30.00
31.00	03100	INTENSIVE CARE UNIT	24,604,515		24,604,515				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	1,676,070		1,676,070				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	30,832,120	61,170,582	92,002,702	0.148685	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	6,092,193	16,251,346	22,343,539	0.020596	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,218,119	83,385,388	115,603,507	0.094313	0.000000		54.00
56.00	05600	RADIO SOTOPE	4,194,602	8,254,291	12,448,893	0.093576	0.000000		56.00
56.01	05601	ULTRASOUND	1,970,960	11,517,040	13,488,000	0.080450	0.000000		56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	13,190,662	10,110,906	23,301,568	0.136861	0.000000		59.00
60.00	06000	LABORATORY	31,597,316	29,429,581	61,026,897	0.141193	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,842,205	2,131,206	5,973,411	0.110243	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	651,280	66,620	717,900	0.986621	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	12,524,186	2,202,126	14,726,312	0.178274	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,912,486	7,707,192	12,619,678	0.282308	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,679,820	2,504,531	4,184,351	0.247446	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	924,685	413,582	1,338,267	0.412634	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	9,249,605	13,094,723	22,344,328	0.104610	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	705,875	935,390	1,641,265	0.165374	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,539,586	7,354,782	17,894,368	0.821479	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,280,553	18,056,847	32,337,400	0.392379	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,392,518	66,521,015	125,913,533	0.219214	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,591,340	0	3,591,340	0.303152	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	945,233	7,841,251	8,786,484	0.428117	0.000000		75.00
76.00	03560	PULMONARY FUNCTION TESTING	175	263,106	263,281	0.599386	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	52,195	1,837,114	1,889,309	0.553337	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	57,686	18,685,516	18,743,202	0.269666	0.000000		90.00
91.00	09100	EMERGENCY	26,613,797	79,240,881	105,854,678	0.113579	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,488,855	15,713,195	29,202,050	0.333443	0.000000		92.00
93.00	04950	SLEEP LAB	0	0	0	0.000000	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
200.00		Subtotal (see instructions)	392,255,264	464,688,211	856,943,475				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	392,255,264	464,688,211	856,943,475				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:07 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.148685		50.00
53.00	05300	ANESTHESIOLOGY	0.020596		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094313		54.00
56.00	05600	RADIOISOTOPE	0.093576		56.00
56.01	05601	ULTRASOUND	0.080450		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136861		59.00
60.00	06000	LABORATORY	0.141193		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.110243		62.00
64.00	06400	INTRAVENOUS THERAPY	0.986621		64.00
65.00	06500	RESPIRATORY THERAPY	0.178274		65.00
66.00	06600	PHYSICAL THERAPY	0.282308		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247446		67.00
68.00	06800	SPEECH PATHOLOGY	0.412634		68.00
69.00	06900	ELECTROCARDIOLOGY	0.104610		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165374		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.821479		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.392379		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219214		73.00
74.00	07400	RENAL DIALYSIS	0.303152		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.428117		75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.599386		76.00
76.97	07697	CARDIAC REHABILITATION	0.553337		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.269666		90.00
91.00	09100	EMERGENCY	0.113579		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.333443		92.00
93.00	04950	SLEEP LAB	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
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: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	49,833,862		49,833,862	0	49,833,862	30.00
31.00	03100 INTENSIVE CARE UNIT	10,464,952		10,464,952	0	10,464,952	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,325,237		1,325,237	0	1,325,237	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	13,679,391		13,679,391	0	13,679,391	50.00
53.00	05300 ANESTHESIOLOGY	460,182		460,182	0	460,182	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,902,938		10,902,938	0	10,902,938	54.00
56.00	05600 RADIOISOTOPE	1,164,915		1,164,915	0	1,164,915	56.00
56.01	05601 ULTRASOUND	1,085,110		1,085,110	0	1,085,110	56.01
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,189,065		3,189,065	0	3,189,065	59.00
60.00	06000 LABORATORY	8,616,579		8,616,579	0	8,616,579	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	658,526		658,526	0	658,526	62.00
64.00	06400 INTRAVENOUS THERAPY	708,295		708,295	0	708,295	64.00
65.00	06500 RESPIRATORY THERAPY	2,625,323	0	2,625,323	0	2,625,323	65.00
66.00	06600 PHYSICAL THERAPY	3,562,636	0	3,562,636	0	3,562,636	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,035,403	0	1,035,403	0	1,035,403	67.00
68.00	06800 SPEECH PATHOLOGY	552,214	0	552,214	0	552,214	68.00
69.00	06900 ELECTROCARDIOLOGY	2,337,440		2,337,440	0	2,337,440	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	271,422		271,422	0	271,422	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,699,842		14,699,842	0	14,699,842	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,688,525		12,688,525	0	12,688,525	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,601,993		27,601,993	0	27,601,993	73.00
74.00	07400 RENAL DIALYSIS	1,088,722		1,088,722	0	1,088,722	74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,761,640		3,761,640	0	3,761,640	75.00
76.00	03560 PULMONARY FUNCTION TESTING	157,807		157,807	0	157,807	76.00
76.97	07697 CARDIAC REHABILITATION	1,045,424		1,045,424	0	1,045,424	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	5,054,402		5,054,402	0	5,054,402	90.00
91.00	09100 EMERGENCY	12,022,863		12,022,863	0	12,022,863	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,737,207		9,737,207	0	9,737,207	92.00
93.00	04950 SLEEP LAB	0		0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
200.00	Subtotal (see instructions)	200,331,915	0	200,331,915	0	200,331,915	200.00
201.00	Less Observation Beds	9,737,207		9,737,207	0	9,737,207	201.00
202.00	Total (see instructions)	190,594,708	0	190,594,708	0	190,594,708	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	82,426,627		82,426,627		30.00
31.00	03100	INTENSIVE CARE UNIT	24,604,515		24,604,515		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,676,070		1,676,070		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	30,832,120	61,170,582	92,002,702	0.148685	50.00
53.00	05300	ANESTHESIOLOGY	6,092,193	16,251,346	22,343,539	0.020596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,218,119	83,385,388	115,603,507	0.094313	54.00
56.00	05600	RADIO SOTOPE	4,194,602	8,254,291	12,448,893	0.093576	56.00
56.01	05601	ULTRASOUND	1,970,960	11,517,040	13,488,000	0.080450	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,190,662	10,110,906	23,301,568	0.136861	59.00
60.00	06000	LABORATORY	31,597,316	29,429,581	61,026,897	0.141193	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,842,205	2,131,206	5,973,411	0.110243	62.00
64.00	06400	INTRAVENOUS THERAPY	651,280	66,620	717,900	0.986621	64.00
65.00	06500	RESPIRATORY THERAPY	12,524,186	2,202,126	14,726,312	0.178274	65.00
66.00	06600	PHYSICAL THERAPY	4,912,486	7,707,192	12,619,678	0.282308	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,679,820	2,504,531	4,184,351	0.247446	67.00
68.00	06800	SPEECH PATHOLOGY	924,685	413,582	1,338,267	0.412634	68.00
69.00	06900	ELECTROCARDIOLOGY	9,249,605	13,094,723	22,344,328	0.104610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	705,875	935,390	1,641,265	0.165374	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,539,586	7,354,782	17,894,368	0.821479	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,280,553	18,056,847	32,337,400	0.392379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,392,518	66,521,015	125,913,533	0.219214	73.00
74.00	07400	RENAL DIALYSIS	3,591,340	0	3,591,340	0.303152	74.00
75.00	07500	ASC (NON-DISTINCT PART)	945,233	7,841,251	8,786,484	0.428117	75.00
76.00	03560	PULMONARY FUNCTION TESTING	175	263,106	263,281	0.599386	76.00
76.97	07697	CARDIAC REHABILITATION	52,195	1,837,114	1,889,309	0.553337	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	57,686	18,685,516	18,743,202	0.269666	90.00
91.00	09100	EMERGENCY	26,613,797	79,240,881	105,854,678	0.113579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,488,855	15,713,195	29,202,050	0.333443	92.00
93.00	04950	SLEEP LAB	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
200.00		Subtotal (see instructions)	392,255,264	464,688,211	856,943,475		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	392,255,264	464,688,211	856,943,475		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:07 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
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 PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03560 PULMONARY FUNCTION TESTING	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950 SLEEP LAB	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 3:07 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,552,349	0	4,552,349	39,940	113.98	30.00
31.00	INTENSIVE CARE UNIT	730,590		730,590	4,961	147.27	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	92,897		92,897	1,209	76.84	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,375,836		5,375,836	46,110		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	11,701	1,333,680				
31.00	INTENSIVE CARE UNIT	1,947	286,735				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	13,648	1,620,415				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet D  
Part II  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,144,276	92,002,702	0.012437	8,439,899	104,967	50.00
53.00	05300	ANESTHESIOLOGY	27,932	22,343,539	0.001250	1,623,604	2,030	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,057,701	115,603,507	0.009149	11,333,703	103,692	54.00
56.00	05600	RADIOISOTOPE	130,831	12,448,893	0.010509	1,455,832	15,299	56.00
56.01	05601	ULTRASOUND	16,075	13,488,000	0.001192	572,980	683	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	190,203	23,301,568	0.008163	4,557,481	37,203	59.00
60.00	06000	LABORATORY	449,257	61,026,897	0.007362	10,485,051	77,191	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,778	5,973,411	0.008166	1,177,770	9,618	62.00
64.00	06400	INTRAVENOUS THERAPY	17,403	717,900	0.024242	213,205	5,169	64.00
65.00	06500	RESPIRATORY THERAPY	135,731	14,726,312	0.009217	5,210,050	48,021	65.00
66.00	06600	PHYSICAL THERAPY	248,019	12,619,678	0.019653	1,959,786	38,516	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,116	4,184,351	0.010065	641,035	6,452	67.00
68.00	06800	SPEECH PATHOLOGY	15,188	1,338,267	0.011349	440,545	5,000	68.00
69.00	06900	ELECTROCARDIOLOGY	68,545	22,344,328	0.003068	3,371,720	10,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,937	1,641,265	0.023114	272,195	6,292	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,127	17,894,368	0.006657	3,685,841	24,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,745	32,337,400	0.003301	4,558,818	15,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	551,545	125,913,533	0.004380	20,381,068	89,269	73.00
74.00	07400	RENAL DIALYSIS	72,660	3,591,340	0.020232	1,719,930	34,798	74.00
75.00	07500	ASC (NON-DISTINCT PART)	350,127	8,786,484	0.039848	274,253	10,928	75.00
76.00	03560	PULMONARY FUNCTION TESTING	13,848	263,281	0.052598	175	9	76.00
76.97	07697	CARDIAC REHABILITATION	131,372	1,889,309	0.069534	13,505	939	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	357,137	18,743,202	0.019054	20,635	393	90.00
91.00	09100	EMERGENCY	856,804	105,854,678	0.008094	9,477,475	76,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	889,504	29,202,050	0.030460	4,626,825	140,933	92.00
93.00	04950	SLEEP LAB	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	7,078,861	748,236,263		96,513,381	864,043	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 3:07 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
Title XVIII		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS		4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	39,940	0.00	11,701	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,961	0.00	1,947	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	1,209	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)	0	0	46,110	0.00	13,648	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS		9.00						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
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: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:07 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	92,002,702	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,343,539	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	115,603,507	0.000000	54.00
56.00	05600	RADIO SOTOPE	0	0	0	12,448,893	0.000000	56.00
56.01	05601	ULTRASOUND	0	0	0	13,488,000	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	23,301,568	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	61,026,897	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,973,411	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	717,900	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,726,312	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,619,678	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,184,351	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,338,267	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,344,328	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,641,265	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,894,368	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	32,337,400	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,913,533	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,591,340	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	8,786,484	0.000000	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	0	263,281	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,889,309	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	18,743,202	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	105,854,678	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	29,202,050	0.000000	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	748,236,263		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:07 pm
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Cost Center Description	Title XVIII					Hospital	
	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 before Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	PPS	
						9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.000000	8,439,899	0	11,875,757	0	50.00	
53.00 05300 ANESTHESIOLOGY	0.000000	1,623,604	0	2,971,246	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	11,333,703	0	15,529,868	0	54.00	
56.00 05600 RADIOISOTOPE	0.000000	1,455,832	0	2,344,821	0	56.00	
56.01 05601 ULTRASOUND	0.000000	572,980	0	1,266,425	0	56.01	
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.000000	4,557,481	0	2,919,018	0	59.00	
60.00 06000 LABORATORY	0.000000	10,485,051	0	4,091,513	0	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,177,770	0	344,788	0	62.00	
64.00 06400 INTRAVENOUS THERAPY	0.000000	213,205	0	18,579	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.000000	5,210,050	0	556,118	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.000000	1,959,786	0	233,822	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.000000	641,035	0	63,912	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.000000	440,545	0	24,493	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.000000	3,371,720	0	2,925,786	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	272,195	0	199,210	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,685,841	0	1,690,370	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	4,558,818	0	4,514,284	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	20,381,068	0	14,283,364	0	73.00	
74.00 07400 RENAL DIALYSIS	0.000000	1,719,930	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	274,253	0	1,590,911	0	75.00	
76.00 03560 PULMONARY FUNCTION TESTING	0.000000	175	0	103,529	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0.000000	13,505	0	493,582	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00 09000 CLINIC	0.000000	20,635	0	5,427,264	0	90.00	
91.00 09100 EMERGENCY	0.000000	9,477,475	0	10,767,415	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,626,825	0	4,190,033	0	92.00	
93.00 04950 SLEEP LAB	0.000000	0	0	0	0	93.00	
200.00		Total (lines 50 through 199)	96,513,381	0	88,426,108	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:07 pm
Title XVIII		Hospital	PPS

Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	
			13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ULTRASOUND	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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 PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	SLEEP LAB	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:07 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.148685	11,875,757	0	0	1,765,747	50.00
53.00	05300	ANESTHESIOLOGY	0.020596	2,971,246	0	0	61,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094313	15,529,868	0	0	1,464,668	54.00
56.00	05600	RADIOISOTOPE	0.093576	2,344,821	0	0	219,419	56.00
56.01	05601	ULTRASOUND	0.080450	1,266,425	0	0	101,884	56.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136861	2,919,018	0	0	399,500	59.00
60.00	06000	LABORATORY	0.141193	4,091,513	0	0	577,693	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.110243	344,788	0	0	38,010	62.00
64.00	06400	INTRAVENOUS THERAPY	0.986621	18,579	0	0	18,330	64.00
65.00	06500	RESPIRATORY THERAPY	0.178274	556,118	0	0	99,141	65.00
66.00	06600	PHYSICAL THERAPY	0.282308	233,822	0	0	66,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247446	63,912	0	0	15,815	67.00
68.00	06800	SPEECH PATHOLOGY	0.412634	24,493	0	0	10,107	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104610	2,925,786	0	0	306,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165374	199,210	0	0	32,944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.821479	1,690,370	0	0	1,388,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.392379	4,514,284	0	139,930	1,771,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219214	14,283,364	0	83,214	3,131,113	73.00
74.00	07400	RENAL DIALYSIS	0.303152	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.428117	1,590,911	0	0	681,096	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.599386	103,529	0	0	62,054	76.00
76.97	07697	CARDIAC REHABILITATION	0.553337	493,582	0	0	273,117	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.269666	5,427,264	0	0	1,463,549	90.00
91.00	09100	EMERGENCY	0.113579	10,767,415	0	69	1,222,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.333443	4,190,033	0	0	1,397,137	92.00
93.00	04950	SLEEP LAB	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		88,426,108	0	223,213	16,567,461	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		88,426,108	0	223,213	16,567,461	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:07 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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 PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	54,906		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,242		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03560 PULMONARY FUNCTION TESTING	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	8		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04950 SLEEP LAB	0	0		93.00
200.00 Subtotal (see instructions)	0	73,156		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	73,156		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet D  
Part V  
Date/Time Prepared:  
5/29/2019 3:07 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.148685	0	0	668,372	0	50.00
53.00	05300	ANESTHESIOLOGY	0.020596	0	0	155,515	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094313	0	0	2,243,090	0	54.00
56.00	05600	RADIOISOTOPE	0.093576	0	0	109,617	0	56.00
56.01	05601	ULTRASOUND	0.080450	0	0	608,140	0	56.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136861	0	0	136,788	0	59.00
60.00	06000	LABORATORY	0.141193	0	0	1,413,636	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.110243	0	0	82,897	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.986621	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.178274	0	0	92,764	0	65.00
66.00	06600	PHYSICAL THERAPY	0.282308	0	0	69,183	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247446	0	0	24,575	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.412634	0	0	7,490	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104610	0	0	355,420	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165374	0	0	13,995	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.821479	0	0	110,864	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.392379	0	0	134,284	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219214	0	0	1,881,270	0	73.00
74.00	07400	RENAL DIALYSIS	0.303152	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.428117	0	0	76,055	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.599386	0	0	60	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.553337	0	0	12,000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.269666	0	0	166,742	0	90.00
91.00	09100	EMERGENCY	0.113579	0	0	5,927,714	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.333443	0	0	463,485	0	92.00
93.00	04950	SLEEP LAB	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	0	14,753,956	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	14,753,956	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:07 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	99,377		50.00
53.00 05300 ANESTHESIOLOGY	0	3,203		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	211,553		54.00
56.00 05600 RADIOISOTOPE	0	10,258		56.00
56.01 05601 ULTRASOUND	0	48,925		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	18,721		59.00
60.00 06000 LABORATORY	0	199,596		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,139		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	16,537		65.00
66.00 06600 PHYSICAL THERAPY	0	19,531		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,081		67.00
68.00 06800 SPEECH PATHOLOGY	0	3,091		68.00
69.00 06900 ELECTROCARDIOLOGY	0	37,180		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,314		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	91,072		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	52,690		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	412,401		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	32,560		75.00
76.00 03560 PULMONARY FUNCTION TESTING	0	36		76.00
76.97 07697 CARDIAC REHABILITATION	0	6,640		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	44,965		90.00
91.00 09100 EMERGENCY	0	673,264		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	154,546		92.00
93.00 04950 SLEEP LAB	0	0		93.00
200.00	Subtotal (see instructions)	0	2,153,680	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	2,153,680	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2019 3:07 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,940	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,940	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)		32,136	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,701	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		49,833,862	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)		49,833,862	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		49,833,862	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,247.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,599,572	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		14,599,572	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2019 3:07 pm	
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	10,464,952	4,961	2,109.44	1,947	4,107,080		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					19,759,754		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,466,406		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)					1,620,415		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					864,043		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,484,458		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,981,948		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)					7,804		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,247.72		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,737,207		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0250		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 3:07 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,552,349	49,833,862	0.091351	9,737,207	889,504	90.00
91.00	Nursing School cost	0	49,833,862	0.000000	9,737,207	0	91.00
92.00	Allied health cost	0	49,833,862	0.000000	9,737,207	0	92.00
93.00	All other Medical Education	0	49,833,862	0.000000	9,737,207	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 3:07 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		27,585,800	30.00
31.00	03100	INTENSIVE CARE UNIT		9,705,607	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.148685	8,439,899	1,254,886 50.00
53.00	05300	ANESTHESIOLOGY	0.020596	1,623,604	33,440 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094313	11,333,703	1,068,916 54.00
56.00	05600	RADIOISOTOPE	0.093576	1,455,832	136,231 56.00
56.01	05601	ULTRASOUND	0.080450	572,980	46,096 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136861	4,557,481	623,741 59.00
60.00	06000	LABORATORY	0.141193	10,485,051	1,480,416 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.110243	1,177,770	129,841 62.00
64.00	06400	INTRAVENOUS THERAPY	0.986621	213,205	210,353 64.00
65.00	06500	RESPIRATORY THERAPY	0.178274	5,210,050	928,816 65.00
66.00	06600	PHYSICAL THERAPY	0.282308	1,959,786	553,263 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247446	641,035	158,622 67.00
68.00	06800	SPEECH PATHOLOGY	0.412634	440,545	181,784 68.00
69.00	06900	ELECTROCARDIOLOGY	0.104610	3,371,720	352,716 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165374	272,195	45,014 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.821479	3,685,841	3,027,841 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.392379	4,558,818	1,788,784 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219214	20,381,068	4,467,815 73.00
74.00	07400	RENAL DIALYSIS	0.303152	1,719,930	521,400 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.428117	274,253	117,412 75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.599386	175	105 76.00
76.97	07697	CARDIAC REHABILITATION	0.553337	13,505	7,473 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.269666	20,635	5,565 90.00
91.00	09100	EMERGENCY	0.113579	9,477,475	1,076,442 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.333443	4,626,825	1,542,782 92.00
93.00	04950	SLEEP LAB	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		96,513,381	19,759,754 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		96,513,381	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 3:07 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		3,415,023	30.00
31.00	03100	INTENSIVE CARE UNIT		895,400	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		645,140	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.148685	679,671	101,057 50.00
53.00	05300	ANESTHESIOLOGY	0.020596	197,342	4,064 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094313	1,172,473	110,579 54.00
56.00	05600	RADIOISOTOPE	0.093576	106,725	9,987 56.00
56.01	05601	ULTRASOUND	0.080450	99,265	7,986 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136861	300,921	41,184 59.00
60.00	06000	LABORATORY	0.141193	1,620,476	228,800 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.110243	200,026	22,051 62.00
64.00	06400	INTRAVENOUS THERAPY	0.986621	24,745	24,414 64.00
65.00	06500	RESPIRATORY THERAPY	0.178274	322,512	57,496 65.00
66.00	06600	PHYSICAL THERAPY	0.282308	82,141	23,189 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.247446	25,785	6,380 67.00
68.00	06800	SPEECH PATHOLOGY	0.412634	13,655	5,635 68.00
69.00	06900	ELECTROCARDIOLOGY	0.104610	285,385	29,854 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165374	17,435	2,883 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.821479	255,418	209,821 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.392379	95,840	37,606 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219214	2,012,017	441,062 73.00
74.00	07400	RENAL DIALYSIS	0.303152	14,010	4,247 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.428117	12,444	5,327 75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.599386	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.553337	1,825	1,010 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.269666	1,675	452 90.00
91.00	09100	EMERGENCY	0.113579	1,019,880	115,837 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.333443	259,385	86,490 92.00
93.00	04950	SLEEP LAB	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,821,051	1,577,411 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		8,821,051	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:07 pm	
		Title XVIII	Hospital	PPS	
			Before GEO Reclass	On/After GEO Reclass	
			1.00	1.01	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	22,251,418		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	6,392,481		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		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		0	1.04
2.00	Outlier payments for discharges. (see instructions)	197,267		0	2.00
2.01	Outlier reconciliation amount	0		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		0	2.02
3.00	Managed Care Simulated Payments	0		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	209.24			4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	0	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.18		30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.99		31.00
32.00	Sum of lines 30 and 31		21.17		32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.68	6.68	33.00
34.00	Disproportionate share adjustment (see instructions)		478,354	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:07 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,666,983	2,028,927	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,246,812	511,401	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,758,213		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before GEO Recl ass	On/After GEO Recl ass	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	30,566,332	511,401	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0	0	48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		31,077,733	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,442,401	50.00
51.00	Exception on payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,520,134	59.00
60.00	Primary payer payments		7,105	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		33,513,029	61.00
62.00	Deductibles billed to program beneficiaries		2,720,796	62.00
63.00	Coinurance billed to program beneficiaries		114,570	63.00
64.00	Allowable bad debts (see instructions)		958,651	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		623,123	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		539,165	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,300,786	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-15,393	70.93
70.94	HRR adjustment amount (see instructions)		-193,807	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:07 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31,091,586	71.00
71.01	Sequestration adjustment (see instructions)		621,832	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		30,496,138	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)		-26,384	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		760,885	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 3:07 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		73,156	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,567,461	2.00
3.00	OPPS payments		14,460,958	3.00
4.00	Outlier payment (see instructions)		5,965	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.778	5.00
6.00	Line 2 times line 5		12,889,485	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)		73,156	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		223,213	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)		223,213	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		223,213	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		150,057	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)		73,156	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)		14,466,923	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		27,986	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,790,660	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		11,721,433	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)		11,721,433	30.00
31.00	Primary payer payments		244	31.00
32.00	Subtotal (line 30 minus line 31)		11,721,189	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		681,838	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		443,195	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		384,028	36.00
37.00	Subtotal (see instructions)		12,164,384	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,164,384	40.00
40.01	Sequestration adjustment (see instructions)		243,288	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		12,403,125	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-482,029	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2019 3:07 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		30,585,939		12,445,851	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	07/16/2018	89,801	07/16/2018	42,726	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)		-89,801		-42,726	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)		30,496,138		12,403,125	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		26,384		482,029	6.02	
7.00	Total Medicare program liability (see instructions)		30,469,754		11,921,096	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: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 3:07 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G

Date/Time Prepared:  
5/29/2019 3:07 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	584,887,000	0	0	0	1.00
2.00	Temporary investments	106,244,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,504,053,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	531,425,000	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)	2,726,609,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	473,862,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,409,153,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,956,722,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,213,262,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,626,475,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	7,712,087,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	667,618,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,379,705,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,732,789,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,671,124,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	656,815,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,327,939,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	2,796,906,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,364,967,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,161,873,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,489,812,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	10,242,977,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	10,242,977,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,732,789,000	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-1

Date/Time Prepared:  
5/29/2019 3:07 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		5,014,483,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,714,381			2.00
3.00	Total (sum of line 1 and line 2)		5,018,197,381		0	3.00
4.00	SYSTEM ADJUSTMENT	5,224,779,619		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		5,224,779,619		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,242,977,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,242,977,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	SYSTEM ADJUSTMENT		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2019 3:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	85,607,642		85,607,642	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	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)	85,607,642		85,607,642	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,668,605		24,668,605	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,668,605		24,668,605	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	110,276,247		110,276,247	17.00
18.00	Ancillary services	245,355,401	343,204,338	588,559,739	18.00
19.00	Outpatient services	41,117,766	121,480,843	162,598,609	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	396,749,414	464,685,181	861,434,595	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		218,900,482		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)		218,900,482		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0250

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-3

Date/Time Prepared:  
5/29/2019 3:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	861,434,595	1.00
2.00	Less contractual allowances and discounts on patients' accounts	637,840,811	2.00
3.00	Net patient revenues (line 1 minus line 2)	223,593,784	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	218,900,482	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,693,302	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	665	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	411,676	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	802	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	12,125	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	24,475	21.00
22.00	Rental of hospital space	493,440	22.00
23.00	Governmental appropriations	0	23.00
24.00	<b>OTHER OPERATING INCOME</b>	2,097,251	24.00
25.00	Total other income (sum of lines 6-24)	3,040,434	25.00
26.00	Total (line 5 plus line 25)	7,733,736	26.00
27.00	<b>OTHER NON-OPERATING EXPENSE</b>	4,019,355	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4,019,355	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,714,381	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0250	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 3:07 pm
		Title XVIII	Hospital	PPS
			Urban	Rural
			1.00	1.01
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,332,324	0
1.01	Model 4 BPCI Capital DRG other than outlier		0	0
2.00	Capital DRG outlier payments		7,921	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		102.20	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)		4.18	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.99	8.00
9.00	Sum of lines 7 and 8		21.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.38	10.00
11.00	Disproportionate share adjustment (see instructions)		102,156	11.00
12.00	Total prospective capital payments (see instructions)		2,442,401	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)			0
2.00	Program inpatient ancillary capital cost (see instructions)			0
3.00	Total inpatient program capital cost (line 1 plus line 2)			0
4.00	Capital cost payment factor (see instructions)			0
5.00	Total inpatient program capital cost (line 3 x line 4)			0
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)			0
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0
3.00	Net program inpatient capital costs (line 1 minus line 2)			0
4.00	Applicable exception percentage (see instructions)			0.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0
8.00	Capital minimum payment level (line 5 plus line 7)			0
9.00	Current year capital payments (from Part I, line 12, as applicable)			0
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0
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
15.00	Current year allowable operating and capital payment (see instructions)			0
16.00	Current year operating and capital costs (see instructions)			0
17.00	Current year exception offset amount (see instructions)			0