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: 14-1336	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/16/2018 2:07 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/16/2018 Time: 2:07 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPHS HOSPITAL-HIGHLAND IL (14-1336) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-140,548	-168,547	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	-78,197	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-218,745	-168,547	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1515 MAIN STREET	PO Box:			1.00
2.00	City: HIGHLAND	State: IL	Zip Code: 62249	County: MADISON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. JOSEPHS HOSPITAL-HIGHLAND IL	141336	99914	1	06/01/2004	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	ST. JOSEPHS HOSPITAL-SWING BED	14Z336	99914		08/19/2004	N	O	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2017	06/30/2018	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	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)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

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		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

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

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

		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

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

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

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

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

		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

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

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	Y		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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	39,088	67,923	301,049	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.	Y	5.06	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148005	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part I | Date/Time Prepared: 11/16/2018 12:49 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: HOSPITAL SISTERS HEALTH SYSTEM		Contractor's Name: NATIONAL GOVERNMENT SERVICES	Contractor's Number: 00131	141.00
142.00	Street: 4936 LAVERNA ROAD		PO Box:		142.00
143.00	City: SPRINGFIELD		State: IL	Zip Code: 62794	143.00

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

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	1	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2017	06/30/2018	170.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part II | Date/Time Prepared: 11/16/2018 12:49 pm

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

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

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

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/27/2018	Y	09/27/2018	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-2 Part II Date/Time Prepared: 11/16/2018 12:49 pm

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

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	Y	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.	Y	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.581.0435	LVCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-1336	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/16/2018 12:49 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	94,142.62	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)		25	9,125	94,142.62	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	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)		25	9,125	94,142.62	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		25				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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,318	63	3,855			1.00
2.00	HMO and other (see instructions)	647	137				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	1,833	0	2,421			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	82			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,151	63	6,358			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			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)	4,151	63	6,358	0.00	204.31	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	45			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	204.31	27.00
28.00	Observation Bed Days		11	148			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			83			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-3 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	544	16	950	1.00
2.00	HMO and other (see instructions)			135	34		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	544	16	950	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet S-10 | Date/Time Prepared: 11/16/2018 12:49 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.334115	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	1,746,053	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	1,077,236	5.00
6.00	Medicaid charges	11,497,684	6.00
7.00	Medicaid cost (line 1 times line 6)	3,841,549	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)	1,018,260	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)	1,018,260	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)	606,690	1,586,672	2,193,362	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	202,704	1,586,672	1,789,376	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)	202,704	1,586,672	1,789,376	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)	2,160,600	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	185,244	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	284,991	27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,875,609	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	726,416	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,515,792	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,534,052	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,253,628	2,253,628	1,297,403	3,551,031	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,869,705	1,869,705	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	139,529	2,426,685	2,566,214	0	2,566,214	4.00
5.01	01160	COMMUNICATIONS	0	1,266	1,266	1,770	3,036	5.01
5.02	00550	DATA PROCESSING	0	1,383,631	1,383,631	-550	1,383,081	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	127,679	10,802	138,481	-14,359	124,122	5.03
5.04	00570	ADMITTING	394,901	13,106	408,007	-3,270	404,737	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	218,009	762,256	980,265	-3,357	976,908	5.05
5.06	00590	OTHER ADMIN & GENERAL	1,293,914	3,660,019	4,953,933	-865,020	4,088,913	5.06
6.00	00600	MAINTENANCE & REPAIRS	-27,894	45,278	17,384	27,894	45,278	6.00
7.00	00700	OPERATION OF PLANT	427,269	587,867	1,015,136	-28,781	986,355	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	115,963	115,963	0	115,963	8.00
9.00	00900	HOUSEKEEPING	234,853	142,909	377,762	0	377,762	9.00
10.00	01000	DIETARY	315,981	368,644	684,625	0	684,625	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	300,181	39,139	339,320	0	339,320	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	186,502	303,432	489,934	-3,572	486,362	16.00
17.00	01700	SOCIAL SERVICE	188,461	31,701	220,162	0	220,162	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,147,671	418,982	2,566,653	-175,116	2,391,537	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	906,071	1,469,682	2,375,753	-1,170,258	1,205,495	50.00
53.00	05300	ANESTHESIOLOGY	0	812,593	812,593	-20,958	791,635	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	821,431	695,860	1,517,291	-152,102	1,365,189	54.00
60.00	06000	LABORATORY	671,884	985,262	1,657,146	-615,443	1,041,703	60.00
65.00	06500	RESPIRATORY THERAPY	305,957	87,948	393,905	-49,638	344,267	65.00
66.00	06600	PHYSICAL THERAPY	687,196	17,430	704,626	-11,829	692,797	66.00
67.00	06700	OCCUPATIONAL THERAPY	149,343	4,505	153,848	-3,273	150,575	67.00
68.00	06800	SPEECH PATHOLOGY	38,498	5,385	43,883	0	43,883	68.00
68.01	03040	AUDIOLOGY	60,994	82,071	143,065	-76,651	66,414	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	85,224	22,078	107,302	2,176,963	2,284,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	384,695	384,695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	499,864	882,603	1,382,467	17,234	1,399,701	73.00
76.97	07697	CARDIAC REHABILITATION	196,929	13,789	210,718	-4,542	206,176	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	190,149	1,052,877	1,243,026	-506,876	736,150	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	57,863	8,081	65,944	-7,165	58,779	90.00
91.00	09100	EMERGENCY	1,045,024	1,419,535	2,464,559	-102,413	2,362,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	428,008	428,008	-2,549	425,459	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,956,112	1,956,112	-1,956,112	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,663,483	22,509,127	34,172,610	1,830	34,174,440	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	35,615	35,615	0	35,615	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	595	4,331,143	4,331,738	-1,347	4,330,391	192.00
194.00	07950	TRANSPORTATION	25,260	9,259	34,519	-483	34,036	194.00
194.01	07951	FUND DEVELOPMENT	6,969	21,476	28,445	0	28,445	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	11,696,307	26,906,620	38,602,927	0	38,602,927	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	546,186	4,097,217		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-58,393	1,811,312		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,357,015	3,923,229		4.00
5.01	01160	COMMUNICATIONS	0	3,036		5.01
5.02	00550	DATA PROCESSING	1,802,763	3,185,844		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-27,110	97,012		5.03
5.04	00570	ADMITTING	0	404,737		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	976,908		5.05
5.06	00590	OTHER ADMIN & GENERAL	-1,086,162	3,002,751		5.06
6.00	00600	MAINTENANCE & REPAIRS	-24,466	20,812		6.00
7.00	00700	OPERATION OF PLANT	-11,656	974,699		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-883	115,080		8.00
9.00	00900	HOUSEKEEPING	-35,969	341,793		9.00
10.00	01000	DIETARY	0	684,625		10.00
11.00	01100	CAFETERIA	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	-10,819	328,501		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,922	481,440		16.00
17.00	01700	SOCIAL SERVICE	0	220,162		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-181,648	2,209,889		30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,205,495		50.00
53.00	05300	ANESTHESIOLOGY	-767,000	24,635		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,024	1,364,165		54.00
60.00	06000	LABORATORY	-65,410	976,293		60.00
65.00	06500	RESPIRATORY THERAPY	-25,932	318,335		65.00
66.00	06600	PHYSICAL THERAPY	-152	692,645		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	150,575		67.00
68.00	06800	SPEECH PATHOLOGY	0	43,883		68.00
68.01	03040	AUDIOLOGY	-846	65,568		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	2,284,265		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	384,695		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,399,701		73.00
76.97	07697	CARDIAC REHABILITATION	-4,150	202,026		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-12,577	723,573		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	58,779		90.00
91.00	09100	EMERGENCY	0	2,362,146		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	425,459		93.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,386,845	35,561,285		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	35,615		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-4,327,839	2,552		192.00
194.00	07950	TRANSPORTATION	0	34,036		194.00
194.01	07951	FUND DEVELOPMENT	0	28,445		194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-2,940,994	35,661,933		200.00

RECLASSIFICATIONS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/16/2018 12:49 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RENTAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	846,453		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	335,262		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
	0		0	1,181,715		
	B - TELEPHONE					
1.00	COMMUNICATIONS	5.01	0	1,770		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,770		
	C - POSTAGE					
1.00	OTHER ADMIN & GENERAL	5.06	0	11,532		1.00
2.00		0.00	0	0		2.00
	0		0	11,532		
	D - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,956,112		1.00
	0		0	1,956,112		
	E - MED SUPPLIES - IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	2,176,963		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	384,695		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,898		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
	0		0	2,579,556		
	F - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	70,536		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
	0		0	70,536		
	G - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,589		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,692		2.00
	0		0	29,281		
	I - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,526,751		1.00
	0		0	1,526,751		
	J - NEGATIVE SALARIES					
1.00	MAINTENANCE & REPAIRS	6.00	27,894	0		1.00
	0		27,894	0		
500.00	Grand Total: Increases		27,894	7,357,253		500.00

RECLASSIFICATIONS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-6 | Date/Time Prepared: 11/16/2018 12:49 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RENTAL						
1.00	DATA PROCESSING	5.02	0	550	10		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	2,873	10		2.00
3.00	ADMITTING	5.04	0	3,270	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,357	0		4.00
5.00	OTHER ADMIN & GENERAL	5.06	0	846,871	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,515	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	24,533	0		7.00
8.00	OPERATING ROOM	50.00	0	192,376	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,682	0		9.00
10.00	LABORATORY	60.00	0	14,752	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	4,429	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	2,520	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	660	0		13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	71,200	0		14.00
15.00	CARDIAC REHABILITATION	76.97	0	660	0		15.00
16.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,962	0		16.00
17.00	EMERGENCY	91.00	0	1,812	0		17.00
18.00	O/P GERIATRIC PSYCH CENTER	93.00	0	2,346	0		18.00
19.00	PHYSICIANS PRIVATE OFFICES	192.00	0	1,347	0		19.00
	0		0	1,181,715			
	B - TELEPHONE						
1.00	OTHER ADMIN & GENERAL	5.06	0	400	0		1.00
2.00	OPERATION OF PLANT	7.00	0	887	0		2.00
3.00	TRANSPORTATION	194.00	0	483	0		3.00
	0		0	1,770			
	C - POSTAGE						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	11,486	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	46	0		2.00
	0		0	11,532			
	D - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,956,112	11		1.00
	0		0	1,956,112			
	E - MED SUPPLIES - IMPLANTS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	11	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	150,119	0		2.00
3.00	OPERATING ROOM	50.00	0	966,039	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	20,958	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96,387	0		5.00
6.00	LABORATORY	60.00	0	600,666	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	45,209	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	9,309	0		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	2,613	0		9.00
10.00	AUDIOLOGY	68.01	0	76,651	0		10.00
11.00	CARDIAC REHABILITATION	76.97	0	3,882	0		11.00
12.00	HYPERBARIC OXYGEN THERAPY	76.98	0	501,033	0		12.00
13.00	CLINIC	90.00	0	7,165	0		13.00
14.00	EMERGENCY	91.00	0	99,311	0		14.00
15.00	O/P GERIATRIC PSYCH CENTER	93.00	0	203	0		15.00
	0		0	2,579,556			
	F - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	464	0		1.00
2.00	OPERATING ROOM	50.00	0	11,843	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54,033	0		3.00
4.00	LABORATORY	60.00	0	25	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,881	0		5.00
6.00	EMERGENCY	91.00	0	1,290	0		6.00
	0		0	70,536			
	G - PROPERTY INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.06	0	29,281	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	29,281			
	I - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,526,751	9		1.00
	0		0	1,526,751			
	J - NEGATIVE SALARIES						
1.00	OPERATION OF PLANT	7.00	27,894	0	0		1.00
	0		27,894	0			
500.00	Grand Total: Decreases		27,894	7,357,253			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,130,878	0	0	0	0	1.00
2.00	Land Improvements	1,423,810	45,508	0	45,508	0	2.00
3.00	Buildings and Fixtures	34,460,424	5,196,549	0	5,196,549	0	3.00
4.00	Building Improvements	4,255,901	0	0	0	4,234,901	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,887,903	0	0	0	1,278,104	6.00
7.00	HIT designated Assets	10,000,000	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	57,158,916	5,242,057	0	5,242,057	5,513,005	8.00
9.00	Reconciling Items	1,186,129	0	0	0	1,153,657	9.00
10.00	Total (line 8 minus line 9)	55,972,787	5,242,057	0	5,242,057	4,359,348	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	2,130,878	0	1.00
2.00	Land Improvements	1,469,318	0	2.00
3.00	Buildings and Fixtures	39,656,973	0	3.00
4.00	Building Improvements	21,000	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	3,609,799	0	6.00
7.00	HIT designated Assets	10,000,000	0	7.00
8.00	Subtotal (sum of lines 1-7)	56,887,968	0	8.00
9.00	Reconciling Items	32,472	0	9.00
10.00	Total (line 8 minus line 9)	56,855,496	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part II Date/Time Prepared: 11/16/2018 12:49 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,253,628	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,253,628	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	2,253,628		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	2,253,628		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-7 Part III Date/Time Prepared: 11/16/2018 12:49 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	43,278,169	0	43,278,169	0.760761	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,609,799	0	13,609,799	0.239239	0	2.00
3.00	Total (sum of lines 1-2)	56,887,968	0	56,887,968	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,273,063	846,453	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,468,358	335,262	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,741,421	1,181,715	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,956,112	21,589	0	0	4,097,217	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,692	0	0	1,811,312	2.00
3.00	Total (sum of lines 1-2)	1,956,112	29,281	0	0	5,908,529	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/16/2018 12:49 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-268,443			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	1,680,647			0	12.00
13.00	Laundry and linen service	B	-883	LAUNDRY & LINEN SERVICE	8.00	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	B	-4,922	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-953,934	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8 | Date/Time Prepared: 11/16/2018 12:49 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	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	0	DATA PROCESSING	5.02	0	33.01
33.02	MISCELLANEOUS INCOME	B	-27,110	PURCHASING RECEIVING AND STORES	5.03	0	33.02
33.03	MISCELLANEOUS INCOME	B	-11,007	OTHER ADMIN & GENERAL	5.06	0	33.03
33.04	MISCELLANEOUS INCOME	B	-24,466	MAINTENANCE & REPAIRS	6.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-35,969	HOUSEKEEPING	9.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-260	NURSING ADMINISTRATION	13.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	0	SOCIAL SERVICE	17.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-31,736	LABORATORY	60.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-152	PHYSICAL THERAPY	66.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-846	AUDIOLOGY	68.01	0	33.11
33.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.12
33.13	ADVERTISING EXPENSES	A	0	OTHER ADMIN & GENERAL	5.06	0	33.13
33.14	ADVERTISING EXPENSES	A	0	EMERGENCY	91.00	0	33.14
33.15	ADVERTISING EXPENSES	A	0	O/P GERIATRIC PSYCH CENTER	93.00	0	33.15
33.16	ADVERTISING EXPENSES	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	MEDICAID TAX ASSESSMENT	A	-602,832	OTHER ADMIN & GENERAL	5.06	0	33.17
33.18	CRNA ADJUSTMENT	A	-767,000	ANESTHESIOLOGY	53.00	0	33.18
33.19	PENSION ADJUSTMENT	A	2,346,772	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	HSHS MED GROUP ADMIN	A	-4,327,839	PHYSICIANS PRIVATE OFFICES	192.00	0	33.20
33.21	USEFUL LIVES CARRYFORWARD ADJUSTMEN	A	111,756	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.21
33.22	LOBBYING EXPENSE	A	-14,717	OTHER ADMIN & GENERAL	5.06	0	33.22
33.23	COMMUNITY RELATIONS BENEFITS	A	-3,380	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	COMMUNITY RELATIONS SALARY	A	-10,318	OTHER ADMIN & GENERAL	5.06	0	33.24
33.25	COMMUNITY RELATIONS OTHER EXPENSE	A	-99,949	OTHER ADMIN & GENERAL	5.06	0	33.25
33.26	SELF-INSURANCE ADJUSTMENT	A	-941,322	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.27	IRS LATE FEE	A	-2,263	OTHER ADMIN & GENERAL	5.06	0	33.27
33.28	PROPERTY TAX NOT RELATED TO PATIENT	A	-2,540	OPERATION OF PLANT	7.00	0	33.28
33.29	MISCELLANEOUS INCOME	B	-9,116	OPERATION OF PLANT	7.00	0	33.29
33.30	ADVERTISING EXPENSES	A	-97	RESPIRATORY THERAPY	65.00	0	33.30
33.31	ADVERTISING EXPENSES	A	-1,024	RADIOLOGY-DIAGNOSTIC	54.00	0	33.31
33.32	BUILDING RELIFING	A	546,186	CAP REL COSTS-BLDG & FIXT	1.00	9	33.32
33.33	EQUIPMENT RELIFING	A	783,785	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.33
33.34	MARKETING BENEFITS	A	-23,702	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.34
33.35	MARKETING SALARIES	A	-72,351	OTHER ADMIN & GENERAL	5.06	0	33.35
33.36	MARKETING OTHER EXPENSE	A	-171,962	OTHER ADMIN & GENERAL	5.06	0	33.36
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,940,994				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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-1 | Date/Time Prepared: 11/16/2018 12:49 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.02	DATA PROCESSING	INFORMATION SYSTEMS --ISC MA	3,184,627	1,381,864	1.00
2.00	5.06	OTHER ADMIN & GENERAL	ADMINISTRATION --SSC MANAGEM	900,562	954,899	2.00
3.00	5.06	OTHER ADMIN & GENERAL	ADMINISTRATION --PURCHASED S	0	46,426	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	2,384,199	2,405,552	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,469,388	4,788,741	5.00

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

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

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

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

6.00	B	HSHS	100.00		0.00	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: 14-1336	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/16/2018 12:49 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,802,763	0		1.00
2.00	-54,337	0		2.00
3.00	-46,426	0		3.00
4.00	-21,353	0		4.00
4.01	0	0		4.01
4.02	0	10		4.02
4.03	0	0		4.03
5.00	1,680,647			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			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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet A-8-2 | Date/Time Prepared: 11/16/2018 12:49 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	91.00	EMERGENCY	1,221,908	0	1,221,908	0	0	1.00
2.00	76.98	HYPERBARIC OXYGEN THERAPY	23,154	12,577	10,577	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	10,559	10,559	0	0	0	3.00
4.00	65.00	RESPIRATORY THERAPY	29,110	25,835	3,275	0	0	4.00
5.00	76.97	CARDIAC REHABILITATION	4,150	4,150	0	0	0	5.00
6.00	60.00	LABORATORY	94,009	33,674	60,335	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	181,648	181,648	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			1,564,538	268,443	1,296,095		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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	4.00
5.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	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	91.00	EMERGENCY	0	0	0	0		1.00
2.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	12,577		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	10,559		3.00
4.00	65.00	RESPIRATORY THERAPY	0	0	0	25,835		4.00
5.00	76.97	CARDIAC REHABILITATION	0	0	0	4,150		5.00
6.00	60.00	LABORATORY	0	0	0	33,674		6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	181,648		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	268,443		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,097,217	4,097,217				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,811,312		1,811,312			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,923,229	26,317	1,053	3,950,599		4.00
5.01	01160	COMMUNICATIONS	3,036	3,772	309	0	7,117	5.01
5.02	00550	DATA PROCESSING	3,185,844	67,213	22,058	0	760	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	97,012	121,586	53	43,646	119	5.03
5.04	00570	ADMITTING	404,737	38,735	0	134,994	348	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	976,908	57,636	25	74,525	110	5.05
5.06	00590	OTHER ADMIN & GENERAL	3,002,751	328,015	128	442,315	550	5.06
6.00	00600	MAINTENANCE & REPAIRS	20,812	0	0	0	110	6.00
7.00	00700	OPERATION OF PLANT	974,699	215,837	19,305	136,524	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	115,080	4,238	0	0	0	8.00
9.00	00900	HOUSEKEEPING	341,793	87,047	3,673	80,283	46	9.00
10.00	01000	DIETARY	684,625	111,669	1,862	108,016	73	10.00
11.00	01100	CAFETERIA	0	102,854	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	328,501	31,445	3,236	102,615	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	481,440	51,321	473	63,754	302	16.00
17.00	01700	SOCIAL SERVICE	220,162	13,053	1	64,424	18	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,209,889	746,297	117,267	734,164	806	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,205,495	485,580	382,911	309,734	247	50.00
53.00	05300	ANESTHESIOLOGY	24,635	0	14,573	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,364,165	346,322	971,806	280,800	147	54.00
60.00	06000	LABORATORY	976,293	133,410	74,311	229,679	824	60.00
65.00	06500	RESPIRATORY THERAPY	318,335	88,276	17,115	104,589	165	65.00
66.00	06600	PHYSICAL THERAPY	692,645	195,283	10,439	234,913	440	66.00
67.00	06700	OCCUPATIONAL THERAPY	150,575	41,235	353	51,052	0	67.00
68.00	06800	SPEECH PATHOLOGY	43,883	0	480	13,160	0	68.00
68.01	03040	AUDIOLOGY	65,568	23,902	2,089	20,850	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,284,265	71,790	73,218	29,133	55	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	384,695	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,399,701	49,965	9,433	170,875	119	73.00
76.97	07697	CARDIAC REHABILITATION	202,026	63,908	8,266	67,319	46	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	723,573	146,293	9,060	65,001	256	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	58,779	0	0	19,780	0	90.00
91.00	09100	EMERGENCY	2,362,146	305,935	63,004	357,234	247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	425,459	105,185	252	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,561,285	4,064,119	1,806,753	3,939,379	5,788	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	35,615	33,098	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,552	0	4,559	203	1,329	192.00
194.00	07950	TRANSPORTATION	34,036	0	0	8,635	0	194.00
194.01	07951	FUND DEVELOPMENT	28,445	0	0	2,382	0	194.01
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)	35,661,933	4,097,217	1,811,312	3,950,599	7,117	202.00

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		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	3,275,875					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	283,205	545,621				5.03
5.04	00570	ADMITTING	267,354	1,772	847,940			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	27,475	0	0	1,136,679		5.05
5.06	00590	OTHER ADMIN & GENERAL	1,477,313	2,376	0	0	5,253,448	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,957	0	0	24,879	6.00
7.00	00700	OPERATION OF PLANT	20,078	2,361	0	0	1,368,804	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	119,318	8.00
9.00	00900	HOUSEKEEPING	6,340	976	0	0	520,158	9.00
10.00	01000	DIETARY	43,326	773	0	0	950,344	10.00
11.00	01100	CAFETERIA	0	0	0	0	102,854	11.00
13.00	01300	NURSING ADMINISTRATION	0	42	0	0	465,839	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	107,787	162	0	0	705,239	16.00
17.00	01700	SOCIAL SERVICE	17,964	18	0	0	315,640	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	195,496	3,671	156,314	61,051	4,224,955	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,631	3,121	44,494	75,975	2,575,188	50.00
53.00	05300	ANESTHESIOLOGY	0	186	24,034	21,324	84,752	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,723	1,212	138,601	366,810	3,520,586	54.00
60.00	06000	LABORATORY	129,978	1,723	171,239	229,114	1,946,571	60.00
65.00	06500	RESPIRATORY THERAPY	5,284	659	36,554	28,355	599,332	65.00
66.00	06600	PHYSICAL THERAPY	97,220	573	29,729	44,710	1,305,952	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,624	0	10,151	8,289	273,279	67.00
68.00	06800	SPEECH PATHOLOGY	5,284	0	1,545	1,414	65,766	68.00
68.01	03040	AUDIOLOGY	2,113	31	16	3,784	118,353	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	38,042	417,679	53,281	31,268	2,998,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,857	23,105	14,734	496,391	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	140,546	412	121,225	100,885	1,993,161	73.00
76.97	07697	CARDIAC REHABILITATION	25,362	702	0	7,689	375,318	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	65,518	21,188	149	32,558	1,063,596	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	149	0	5,165	83,873	90.00
91.00	09100	EMERGENCY	161,680	1,018	37,503	97,571	3,386,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	25,362	227	0	5,983	562,468	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,272,705	538,845	847,940	1,136,679	35,501,133	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	6,360	0	0	75,073	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,170	0	0	0	11,813	192.00
194.00	07950	TRANSPORTATION	0	0	0	0	42,671	194.00
194.01	07951	FUND DEVELOPMENT	0	416	0	0	31,243	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,275,875	545,621	847,940	1,136,679	35,661,933	202.00

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		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	5,253,448					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,298	29,177				6.00
7.00	00700	OPERATION OF PLANT	236,479	0	1,605,283			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,614	526	2,101	142,559		8.00
9.00	00900	HOUSEKEEPING	89,864	1,409	43,153	0	654,584	9.00
10.00	01000	DIETARY	164,184	2,046	55,360	642	8,733	10.00
11.00	01100	CAFETERIA	17,769	0	50,990	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	80,480	1,919	15,589	0	1,904	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	121,839	1,367	25,442	0	5,091	16.00
17.00	01700	SOCIAL SERVICE	54,531	0	6,471	0	1,159	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	729,904	5,407	369,977	61,553	232,653	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	444,897	1,384	240,725	16,144	41,266	50.00
53.00	05300	ANESTHESIOLOGY	14,642	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	608,227	1,698	171,688	15,342	28,559	54.00
60.00	06000	LABORATORY	336,295	1,171	66,137	0	24,048	60.00
65.00	06500	RESPIRATORY THERAPY	103,542	221	43,762	1,759	16,722	65.00
66.00	06600	PHYSICAL THERAPY	225,620	637	96,811	11,237	20,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,212	8	20,442	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,362	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	20,447	8	11,849	0	5,753	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	518,070	187	35,590	277	6,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	85,758	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	344,344	161	24,770	0	3,642	73.00
76.97	07697	CARDIAC REHABILITATION	64,841	246	31,682	0	12,376	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	183,750	170	72,524	3,819	18,708	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14,490	0	0	0	8,526	90.00
91.00	09100	EMERGENCY	585,034	5,178	151,667	30,773	79,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	97,174	170	52,145	58	9,602	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,225,667	23,913	1,588,875	141,604	525,405	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	12,970	374	16,408	0	1,242	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,041	4,737	0	955	127,937	192.00
194.00	07950	TRANSPORTATION	7,372	153	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	5,398	0	0	0	0	194.01
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)	5,253,448	29,177	1,605,283	142,559	654,584	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,181,309					10.00
11.00	01100	CAFETERIA	596,276	767,889				11.00
13.00	01300	NURSING ADMINISTRATION	0	19,354	585,085			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,081	0	882,059		16.00
17.00	01700	SOCIAL SERVICE	0	15,239	19,885	0	412,925	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	298,607	210,063	271,634	592,899	347,723	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,725	74,859	99,677	44,953	21,710	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,635	0	12,150	0	54.00
60.00	06000	LABORATORY	0	73,246	0	14,579	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	31,590	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	62,123	0	64,393	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,791	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,448	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	4,227	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	14,238	18,617	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,138	29,399	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	16,073	3,561	1,215	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	18,520	24,275	8,505	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	7,897	10,778	0	0	90.00
91.00	09100	EMERGENCY	12,009	77,695	107,259	88,692	43,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	28,896	0	0	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	966,513	762,217	585,085	827,386	412,925	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	54,673	0	192.00
194.00	07950	TRANSPORTATION	214,796	5,450	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	0	222	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,181,309	767,889	585,085	882,059	412,925	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B Part I | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	7,345,375	0	7,345,375		30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,591,528	0	3,591,528		50.00
53.00	05300	ANESTHESIOLOGY	0	99,394	0	99,394		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,431,885	0	4,431,885		54.00
60.00	06000	LABORATORY	0	2,462,047	0	2,462,047		60.00
65.00	06500	RESPIRATORY THERAPY	0	796,928	0	796,928		65.00
66.00	06600	PHYSICAL THERAPY	0	1,787,013	0	1,787,013		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	352,732	0	352,732		67.00
68.00	06800	SPEECH PATHOLOGY	0	80,576	0	80,576		68.00
68.01	03040	AUDIOLOGY	0	160,637	0	160,637		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,592,498	0	3,592,498		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	582,149	0	582,149		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,420,615	0	2,420,615		73.00
76.97	07697	CARDIAC REHABILITATION	0	505,312	0	505,312		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,393,867	0	1,393,867		76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	125,564	0	125,564		90.00
91.00	09100	EMERGENCY	0	4,567,772	0	4,567,772		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	750,513	0	750,513		93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	35,046,405	0	35,046,405		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	106,067	0	106,067		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	202,156	0	202,156		192.00
194.00	07950	TRANSPORTATION	0	270,442	0	270,442		194.00
194.01	07951	FUND DEVELOPMENT	0	36,863	0	36,863		194.01
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	35,661,933	0	35,661,933		202.00

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		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,317	1,053	27,370	27,370	4.00
5.01	01160	COMMUNICATIONS	0	3,772	309	4,081	0	5.01
5.02	00550	DATA PROCESSING	1,382,760	67,213	22,058	1,472,031	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	121,586	53	121,639	302	5.03
5.04	00570	ADMITTING	0	38,735	0	38,735	935	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	57,636	25	57,661	516	5.05
5.06	00590	OTHER ADMIN & GENERAL	26,626	328,015	128	354,769	3,064	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	215,837	19,305	235,142	946	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,238	0	4,238	0	8.00
9.00	00900	HOUSEKEEPING	0	87,047	3,673	90,720	556	9.00
10.00	01000	DIETARY	0	111,669	1,862	113,531	748	10.00
11.00	01100	CAFETERIA	0	102,854	0	102,854	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	31,445	3,236	34,681	711	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51,321	473	51,794	442	16.00
17.00	01700	SOCIAL SERVICE	0	13,053	1	13,054	446	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	746,297	117,267	863,564	5,089	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	485,580	382,911	868,491	2,146	50.00
53.00	05300	ANESTHESIOLOGY	0	0	14,573	14,573	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	346,322	971,806	1,318,128	1,945	54.00
60.00	06000	LABORATORY	0	133,410	74,311	207,721	1,591	60.00
65.00	06500	RESPIRATORY THERAPY	0	88,276	17,115	105,391	725	65.00
66.00	06600	PHYSICAL THERAPY	0	195,283	10,439	205,722	1,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	41,235	353	41,588	354	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	480	480	91	68.00
68.01	03040	AUDIOLOGY	0	23,902	2,089	25,991	144	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71,790	73,218	145,008	202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,965	9,433	59,398	1,184	73.00
76.97	07697	CARDIAC REHABILITATION	0	63,908	8,266	72,174	466	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	146,293	9,060	155,353	450	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	137	90.00
91.00	09100	EMERGENCY	0	305,935	63,004	368,939	2,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	105,185	252	105,437	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,409,386	4,064,119	1,806,753	7,280,258	27,292	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	33,098	0	33,098	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	4,559	4,559	1	192.00
194.00	07950	TRANSPORTATION	0	0	0	0	60	194.00
194.01	07951	FUND DEVELOPMENT	0	0	0	0	17	194.01
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)	1,409,386	4,097,217	1,811,312	7,317,915	27,370	202.00

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		Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	4,081					5.01
5.02	00550	DATA PROCESSING	436	1,472,467				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	68	127,297	249,306			5.03
5.04	00570	ADMITTING	200	120,172	810	160,852		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	63	12,350	0	0	70,590	5.05
5.06	00590	OTHER ADMIN & GENERAL	315	664,034	1,086	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	63	0	1,808	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	9,025	1,079	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	26	2,850	446	0	0	9.00
10.00	01000	DIETARY	42	19,475	353	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	19	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	173	48,449	74	0	0	16.00
17.00	01700	SOCIAL SERVICE	11	8,075	8	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	462	87,873	1,677	29,652	3,791	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	142	30,399	1,426	8,440	4,718	50.00
53.00	05300	ANESTHESIOLOGY	0	0	85	4,559	1,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	84	22,799	554	26,292	22,780	54.00
60.00	06000	LABORATORY	473	58,424	787	32,486	14,228	60.00
65.00	06500	RESPIRATORY THERAPY	95	2,375	301	6,934	1,761	65.00
66.00	06600	PHYSICAL THERAPY	252	43,699	262	5,639	2,777	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,225	0	1,926	515	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,375	0	293	88	68.00
68.01	03040	AUDIOLOGY	0	950	14	3	235	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	32	17,100	190,847	10,107	1,942	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	33,747	4,383	915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68	63,174	188	22,996	6,265	73.00
76.97	07697	CARDIAC REHABILITATION	26	11,400	321	0	477	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	147	29,449	9,681	28	2,022	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	68	0	321	90.00
91.00	09100	EMERGENCY	142	72,673	465	7,114	6,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	11,400	104	0	372	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,320	1,471,042	246,210	160,852	70,590	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	2,906	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	761	1,425	0	0	0	192.00
194.00	07950	TRANSPORTATION	0	0	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	0	0	190	0	0	194.01
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)	4,081	1,472,467	249,306	160,852	70,590	202.00

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		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	1,023,268					5.06
6.00	00600	MAINTENANCE & REPAIRS	837	2,708				6.00
7.00	00700	OPERATION OF PLANT	46,062	0	292,254			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,015	49	382	8,684		8.00
9.00	00900	HOUSEKEEPING	17,504	131	7,856	0	120,089	9.00
10.00	01000	DIETARY	31,980	190	10,079	39	1,602	10.00
11.00	01100	CAFETERIA	3,461	0	9,283	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,676	178	2,838	0	349	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,732	127	4,632	0	934	16.00
17.00	01700	SOCIAL SERVICE	10,622	0	1,178	0	213	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	142,165	500	67,358	3,748	42,683	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	86,658	128	43,826	983	7,571	50.00
53.00	05300	ANESTHESIOLOGY	2,852	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,471	158	31,257	935	5,239	54.00
60.00	06000	LABORATORY	65,504	109	12,041	0	4,412	60.00
65.00	06500	RESPIRATORY THERAPY	20,168	20	7,967	107	3,068	65.00
66.00	06600	PHYSICAL THERAPY	43,947	59	17,625	685	3,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,196	1	3,722	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,213	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	3,983	1	2,157	0	1,055	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	100,910	17	6,479	17	1,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,704	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,072	15	4,510	0	668	73.00
76.97	07697	CARDIAC REHABILITATION	12,630	23	5,768	0	2,270	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	35,791	16	13,204	233	3,432	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,822	0	0	0	1,564	90.00
91.00	09100	EMERGENCY	113,954	481	27,612	1,875	14,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	18,928	16	9,493	4	1,762	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,017,857	2,219	289,267	8,626	96,390	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,526	35	2,987	0	228	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	398	440	0	58	23,471	192.00
194.00	07950	TRANSPORTATION	1,436	14	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	1,051	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,023,268	2,708	292,254	8,684	120,089	202.00

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		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	178,039					10.00
11.00	01100	CAFETERIA	89,866	205,464				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,179	59,631			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,176	0	136,533		16.00
17.00	01700	SOCIAL SERVICE	0	4,077	2,027	0	39,711	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,004	56,206	27,684	91,774	33,440	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,631	20,030	10,159	6,958	2,088	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,703	0	1,881	0	54.00
60.00	06000	LABORATORY	0	19,598	0	2,257	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,452	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,622	0	9,967	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,155	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	923	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	1,131	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,810	1,897	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,726	2,996	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	4,301	363	188	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,955	2,474	1,316	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,113	1,099	0	0	90.00
91.00	09100	EMERGENCY	1,810	20,789	10,932	13,729	4,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	4,355	0	0	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,666	203,946	59,631	128,070	39,711	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	8,463	0	192.00
194.00	07950	TRANSPORTATION	32,373	1,458	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	0	60	0	0	0	194.01
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)	178,039	205,464	59,631	136,533	39,711	202.00

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		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		1,502,670	0	1,502,670		30.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0		33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		1,098,794	0	1,098,794		50.00
53.00	05300	ANESTHESIOLOGY		23,393	0	23,393		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,570,226	0	1,570,226		54.00
60.00	06000	LABORATORY		419,631	0	419,631		60.00
65.00	06500	RESPIRATORY THERAPY		157,364	0	157,364		65.00
66.00	06600	PHYSICAL THERAPY		352,596	0	352,596		66.00
67.00	06700	OCCUPATIONAL THERAPY		65,682	0	65,682		67.00
68.00	06800	SPEECH PATHOLOGY		6,463	0	6,463		68.00
68.01	03040	AUDIOLOGY		35,664	0	35,664		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		479,613	0	479,613		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		55,749	0	55,749		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		235,260	0	235,260		73.00
76.97	07697	CARDIAC REHABILITATION		110,407	0	110,407		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		258,551	0	258,551		76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		8,124	0	8,124		90.00
91.00	09100	EMERGENCY		667,842	0	667,842		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER		151,871	0	151,871		93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,199,900	0	7,199,900		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN		41,780	0	41,780		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES		39,576	0	39,576		192.00
194.00	07950	TRANSPORTATION		35,341	0	35,341		194.00
194.01	07951	FUND DEVELOPMENT		1,318	0	1,318		194.01
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	7,317,915	0	7,317,915		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (TIME SPENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	96,680					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,538,200				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	621	894	11,556,778			4.00
5.01	01160	COMMUNICATIONS	89	262	0	777		5.01
5.02	00550	DATA PROCESSING	1,586	18,732	0	83	3,100	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,869	45	127,679	13	268	5.03
5.04	00570	ADMITTING	914	0	394,901	38	253	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,360	21	218,009	12	26	5.05
5.06	00590	OTHER ADMIN & GENERAL	7,740	109	1,293,914	60	1,398	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	12	0	6.00
7.00	00700	OPERATION OF PLANT	5,093	16,394	399,375	0	19	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	100	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,054	3,119	234,853	5	6	9.00
10.00	01000	DIETARY	2,635	1,581	315,981	8	41	10.00
11.00	01100	CAFETERIA	2,427	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	742	2,748	300,181	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,211	402	186,502	33	102	16.00
17.00	01700	SOCIAL SERVICE	308	1	188,461	2	17	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,610	99,585	2,147,671	88	185	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,458	325,175	906,071	27	64	50.00
53.00	05300	ANESTHESIOLOGY	0	12,376	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,172	825,276	821,431	16	48	54.00
60.00	06000	LABORATORY	3,148	63,106	671,884	90	123	60.00
65.00	06500	RESPIRATORY THERAPY	2,083	14,534	305,957	18	5	65.00
66.00	06600	PHYSICAL THERAPY	4,608	8,865	687,196	48	92	66.00
67.00	06700	OCCUPATIONAL THERAPY	973	300	149,343	0	11	67.00
68.00	06800	SPEECH PATHOLOGY	0	408	38,498	0	5	68.00
68.01	03040	AUDIOLOGY	564	1,774	60,994	0	2	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,694	62,178	85,224	6	36	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,179	8,011	499,864	13	133	73.00
76.97	07697	CARDIAC REHABILITATION	1,508	7,020	196,929	5	24	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,452	7,694	190,149	28	62	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	57,863	0	0	90.00
91.00	09100	EMERGENCY	7,219	53,504	1,045,024	27	153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	2,482	214	0	0	24	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,899	1,534,328	11,523,954	632	3,097	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	781	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,872	595	145	3	192.00
194.00	07950	TRANSPORTATION	0	0	25,260	0	0	194.00
194.01	07951	FUND DEVELOPMENT	0	0	6,969	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,097,217	1,811,312	3,950,599	7,117	3,275,875	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.379158	1.177553	0.341843	9.159588	1,056.733871	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			27,370	4,081	1,472,467	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002368	5.252252	474.989355	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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,841,941					5.03
5.04	00570	ADMITTING	9,229	29,666,288				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	104,893,397			5.05
5.06	00590	OTHER ADMIN & GENERAL	12,378	0	0	-5,253,448	30,408,485	5.06
6.00	00600	MAINTENANCE & REPAIRS	20,613	0	0	0	24,879	6.00
7.00	00700	OPERATION OF PLANT	12,297	0	0	0	1,368,804	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	119,318	8.00
9.00	00900	HOUSEKEEPING	5,086	0	0	0	520,158	9.00
10.00	01000	DIETARY	4,028	0	0	0	950,344	10.00
11.00	01100	CAFETERIA	0	0	0	0	102,854	11.00
13.00	01300	NURSING ADMINISTRATION	219	0	0	0	465,839	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	844	0	0	0	705,239	16.00
17.00	01700	SOCIAL SERVICE	93	0	0	0	315,640	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,121	5,468,774	5,633,539	0	4,224,955	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,256	1,556,663	7,010,676	0	2,575,188	50.00
53.00	05300	ANESTHESIOLOGY	971	840,841	1,967,687	0	84,752	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,312	4,849,057	33,852,884	0	3,520,586	54.00
60.00	06000	LABORATORY	8,973	5,991,358	21,141,801	0	1,946,571	60.00
65.00	06500	RESPIRATORY THERAPY	3,434	1,278,878	2,616,506	0	599,332	65.00
66.00	06600	PHYSICAL THERAPY	2,984	1,040,094	4,125,677	0	1,305,952	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	355,137	764,847	0	273,279	67.00
68.00	06800	SPEECH PATHOLOGY	0	54,056	130,479	0	65,766	68.00
68.01	03040	AUDIOLOGY	160	548	349,190	0	118,353	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,175,532	1,864,069	2,885,268	0	2,998,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	384,695	808,361	1,359,562	0	496,391	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,147	4,241,169	9,309,308	0	1,993,161	73.00
76.97	07697	CARDIAC REHABILITATION	3,658	0	709,497	0	375,318	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	110,359	5,220	3,004,294	0	1,063,596	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	776	0	476,652	0	83,873	90.00
91.00	09100	EMERGENCY	5,302	1,312,063	9,003,480	0	3,386,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1,184	0	552,050	0	562,468	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,806,651	29,666,288	104,893,397	-5,253,448	30,247,685	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	33,125	0	0	0	75,073	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	11,813	192.00
194.00	07950	TRANSPORTATION	0	0	0	0	42,671	194.00
194.01	07951	FUND DEVELOPMENT	2,165	0	0	0	31,243	194.01
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)	545,621	847,940	1,136,679		5,253,448	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.191989	0.028583	0.010837		0.172763	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	249,306	160,852	70,590		1,023,268	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.087724	0.005422	0.000673		0.033651	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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	MAINTENANCE & REPAIRS (TIME SPENT)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	3,437					6.00
7.00	00700	OPERATION OF PLANT	0	76,408				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62	100	175,981			8.00
9.00	00900	HOUSEKEEPING	166	2,054	0	15,815		9.00
10.00	01000	DIETARY	241	2,635	793	211	75,549	10.00
11.00	01100	CAFETERIA	0	2,427	0	0	38,134	11.00
13.00	01300	NURSING ADMINISTRATION	226	742	0	46	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161	1,211	0	123	0	16.00
17.00	01700	SOCIAL SERVICE	0	308	0	28	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	637	17,610	75,984	5,621	19,097	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	163	11,458	19,929	997	1,965	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	200	8,172	18,939	690	0	54.00
60.00	06000	LABORATORY	138	3,148	0	581	0	60.00
65.00	06500	RESPIRATORY THERAPY	26	2,083	2,171	404	0	65.00
66.00	06600	PHYSICAL THERAPY	75	4,608	13,872	489	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	973	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	1	564	0	139	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	22	1,694	342	164	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19	1,179	0	88	0	73.00
76.97	07697	CARDIAC REHABILITATION	29	1,508	0	299	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	20	3,452	4,714	452	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	206	0	90.00
91.00	09100	EMERGENCY	610	7,219	37,987	1,924	768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	20	2,482	71	232	1,848	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,817	75,627	174,802	12,694	61,812	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	44	781	0	30	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	558	0	1,179	3,091	0	192.00
194.00	07950	TRANSPORTATION	18	0	0	0	13,737	194.00
194.01	07951	FUND DEVELOPMENT	0	0	0	0	0	194.01
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)	29,177	1,605,283	142,559	654,584	1,181,309	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.489089	21.009358	0.810082	41.390073	15.636329	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,708	292,254	8,684	120,089	178,039	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.787896	3.824914	0.049346	7.593361	2.356603	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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet B-1 | Date/Time Prepared: 11/16/2018 12:49 pm

		Cost Center Description	CAFETERIA (MEALS FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			11.00	13.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	13,807					11.00
13.00	01300	NURSING ADMINISTRATION	348	166,597				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	415	0	726			16.00
17.00	01700	SOCIAL SERVICE	274	5,662	0	5,706		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,777	77,345	488	4,805	0	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,346	28,382	37	300	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,324	0	10	0	0	54.00
60.00	06000	LABORATORY	1,317	0	12	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	568	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,117	0	53	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	212	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	62	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	76	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	256	5,301	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	452	8,371	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	289	1,014	1	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	333	6,912	7	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	142	3,069	0	0	0	90.00
91.00	09100	EMERGENCY	1,397	30,541	73	601	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	0	0	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,705	166,597	681	5,706	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	45	0	0	192.00
194.00	07950	TRANSPORTATION	98	0	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	4	0	0	0	0	194.01
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)	767,889	585,085	882,059	412,925	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	55.615919	3.511978	1,214.957300	72.366807	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	205,464	59,631	136,533	39,711	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	14.881147	0.357936	188.061983	6.959516	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,345,375		7,345,375	0	0	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,591,528		3,591,528	0	0	50.00
53.00	05300	ANESTHESIOLOGY	99,394		99,394	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,431,885		4,431,885	0	0	54.00
60.00	06000	LABORATORY	2,462,047		2,462,047	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	796,928	0	796,928	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,787,013	0	1,787,013	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	352,732	0	352,732	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	80,576	0	80,576	0	0	68.00
68.01	03040	AUDIOLOGY	160,637	0	160,637	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,592,498		3,592,498	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	582,149		582,149	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,420,615		2,420,615	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	505,312		505,312	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,393,867		1,393,867	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	125,564		125,564	0	0	90.00
91.00	09100	EMERGENCY	4,567,772		4,567,772	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	168,939		168,939		0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	750,513		750,513	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	35,215,344	0	35,215,344	0	0	200.00
201.00		Less Observation Beds	168,939		168,939		0	201.00
202.00		Total (see instructions)	35,046,405	0	35,046,405	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,433,552		5,433,552			30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,556,663	5,454,013	7,010,676	0.512294	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	840,841	1,126,846	1,967,687	0.050513	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,849,057	29,003,827	33,852,884	0.130916	0.000000	54.00
60.00	06000	LABORATORY	5,991,358	15,150,443	21,141,801	0.116454	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	1,278,878	1,337,628	2,616,506	0.304577	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,040,094	3,085,583	4,125,677	0.433144	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	355,137	409,710	764,847	0.461180	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	54,056	76,423	130,479	0.617540	0.000000	68.00
68.01	03040	AUDIOLOGY	548	348,642	349,190	0.460027	0.000000	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,864,069	1,021,199	2,885,268	1.245118	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	808,361	551,201	1,359,562	0.428189	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,241,169	5,068,139	9,309,308	0.260021	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	709,497	709,497	0.712212	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,220	2,999,074	3,004,294	0.463958	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	476,652	476,652	0.263429	0.000000	90.00
91.00	09100	EMERGENCY	1,312,063	7,691,417	9,003,480	0.507334	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	35,222	164,765	199,987	0.844750	0.000000	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	552,050	552,050	1.359502	0.000000	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	29,666,288	75,227,109	104,893,397			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	29,666,288	75,227,109	104,893,397			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
		ANCILLARY SERVICE COST CENTERS			
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
60.00	06000	LABORATORY	0.000000		60.00
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
68.01	03040	AUDIOLOGY	0.000000		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0.000000		93.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 12:49 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,345,375		7,345,375	0	7,345,375	30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,591,528		3,591,528	0	3,591,528	50.00
53.00	05300	ANESTHESIOLOGY	99,394		99,394	0	99,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,431,885		4,431,885	0	4,431,885	54.00
60.00	06000	LABORATORY	2,462,047		2,462,047	0	2,462,047	60.00
65.00	06500	RESPIRATORY THERAPY	796,928	0	796,928	0	796,928	65.00
66.00	06600	PHYSICAL THERAPY	1,787,013	0	1,787,013	0	1,787,013	66.00
67.00	06700	OCCUPATIONAL THERAPY	352,732	0	352,732	0	352,732	67.00
68.00	06800	SPEECH PATHOLOGY	80,576	0	80,576	0	80,576	68.00
68.01	03040	AUDIOLOGY	160,637	0	160,637	0	160,637	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,592,498		3,592,498	0	3,592,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	582,149		582,149	0	582,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,420,615		2,420,615	0	2,420,615	73.00
76.97	07697	CARDIAC REHABILITATION	505,312		505,312	0	505,312	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,393,867		1,393,867	0	1,393,867	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	125,564		125,564	0	125,564	90.00
91.00	09100	EMERGENCY	4,567,772		4,567,772	0	4,567,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	168,939		168,939		168,939	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	750,513		750,513	0	750,513	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	35,215,344	0	35,215,344	0	35,215,344	200.00
201.00		Less Observation Beds	168,939		168,939		168,939	201.00
202.00		Total (see instructions)	35,046,405	0	35,046,405	0	35,046,405	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 12:49 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,433,552		5,433,552			30.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,556,663	5,454,013	7,010,676	0.512294	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	840,841	1,126,846	1,967,687	0.050513	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,849,057	29,003,827	33,852,884	0.130916	0.000000	54.00
60.00	06000	LABORATORY	5,991,358	15,150,443	21,141,801	0.116454	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	1,278,878	1,337,628	2,616,506	0.304577	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,040,094	3,085,583	4,125,677	0.433144	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	355,137	409,710	764,847	0.461180	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	54,056	76,423	130,479	0.617540	0.000000	68.00
68.01	03040	AUDIOLOGY	548	348,642	349,190	0.460027	0.000000	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,864,069	1,021,199	2,885,268	1.245118	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	808,361	551,201	1,359,562	0.428189	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,241,169	5,068,139	9,309,308	0.260021	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	709,497	709,497	0.712212	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,220	2,999,074	3,004,294	0.463958	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	476,652	476,652	0.263429	0.000000	90.00
91.00	09100	EMERGENCY	1,312,063	7,691,417	9,003,480	0.507334	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	35,222	164,765	199,987	0.844750	0.000000	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	552,050	552,050	1.359502	0.000000	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	29,666,288	75,227,109	104,893,397			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	29,666,288	75,227,109	104,893,397			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet C Part I Date/Time Prepared: 11/16/2018 12:49 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
		ANCILLARY SERVICE COST CENTERS			
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
60.00	06000	LABORATORY	0.000000		60.00
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
68.01	03040	AUDIOLOGY	0.000000		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0.000000		93.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part II Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,098,794	7,010,676	0.156732	802,813	125,826	50.00
53.00	05300	ANESTHESIOLOGY	23,393	1,967,687	0.011889	465,431	5,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,570,226	33,852,884	0.046384	1,426,293	66,157	54.00
60.00	06000	LABORATORY	419,631	21,141,801	0.019848	2,257,200	44,801	60.00
65.00	06500	RESPIRATORY THERAPY	157,364	2,616,506	0.060143	566,438	34,067	65.00
66.00	06600	PHYSICAL THERAPY	352,596	4,125,677	0.085464	307,888	26,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,682	764,847	0.085876	62,353	5,355	67.00
68.00	06800	SPEECH PATHOLOGY	6,463	130,479	0.049533	22,109	1,095	68.00
68.01	03040	AUDIOLOGY	35,664	349,190	0.102134	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	479,613	2,885,268	0.166228	902,960	150,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,749	1,359,562	0.041005	521,155	21,370	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,260	9,309,308	0.025271	1,688,819	42,678	73.00
76.97	07697	CARDIAC REHABILITATION	110,407	709,497	0.155613	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	258,551	3,004,294	0.086060	4,394	378	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,124	476,652	0.017044	0	0	90.00
91.00	09100	EMERGENCY	667,842	9,003,480	0.074176	29,069	2,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	34,561	199,987	0.172816	1,299	224	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	151,871	552,050	0.275104	0	0	93.00
200.00		Total (lines 50 through 199)	5,731,791	99,459,845		9,058,221	526,051	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		0		0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	7,010,676	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,967,687	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,852,884	0.000000	54.00
60.00	06000	LABORATORY	0	0	0	21,141,801	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,616,506	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,125,677	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	764,847	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	130,479	0.000000	68.00
68.01	03040	AUDIOLOGY	0	0	0	349,190	0.000000	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	2,885,268	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,359,562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,309,308	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	709,497	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	3,004,294	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	476,652	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	9,003,480	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	199,987	0.000000	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	0	0	552,050	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	99,459,845		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	802,813	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	465,431	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,426,293	0	0	0	54.00
60.00	06000	LABORATORY	0.000000	2,257,200	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	566,438	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	307,888	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	62,353	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	22,109	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.000000	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	902,960	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	521,155	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,688,819	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	4,394	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	29,069	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	1,299	0	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		9,058,221	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.512294	0	2,061,429	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.050513	0	383,455	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130916	0	10,424,026	0	0	54.00
60.00	06000	LABORATORY	0.116454	0	4,943,276	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.304577	0	751,399	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.433144	0	1,018,758	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.461180	0	148,550	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.617540	0	23,132	0	0	68.00
68.01	03040	AUDIOLOGY	0.460027	0	51,710	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.245118	0	386,775	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.428189	0	232,409	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260021	0	2,571,688	2,705	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.712212	0	385,360	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.463958	0	1,717,018	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.263429	0	51,266	0	0	90.00
91.00	09100	EMERGENCY	0.507334	0	2,828,007	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.844750	0	72,442	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.359502	0	488,371	0	0	93.00
200.00		Subtotal (see instructions)		0	28,539,071	2,705	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	28,539,071	2,705	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,056,058	0		50.00
53.00	05300	ANESTHESIOLOGY	19,369	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,364,672	0		54.00
60.00	06000	LABORATORY	575,664	0		60.00
65.00	06500	RESPIRATORY THERAPY	228,859	0		65.00
66.00	06600	PHYSICAL THERAPY	441,269	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	68,508	0		67.00
68.00	06800	SPEECH PATHOLOGY	14,285	0		68.00
68.01	03040	AUDIOLOGY	23,788	0		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	481,581	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	99,515	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	668,693	703		73.00
76.97	07697	CARDIAC REHABILITATION	274,458	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	796,624	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	13,505	0		90.00
91.00	09100	EMERGENCY	1,434,744	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	61,195	0		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	663,941	0		93.00
200.00		Subtotal (see instructions)	8,286,728	703		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	8,286,728	703		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.512294	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.050513	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130916	0	0	0	0	54.00
60.00	06000	LABORATORY	0.116454	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.304577	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.433144	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.461180	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.617540	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.460027	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.245118	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.428189	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260021	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.712212	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.463958	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.263429	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.507334	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.844750	0	0	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.359502	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part V | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	0		60.00
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
68.01	03040	AUDIOLOGY	0	0		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	0		93.00
200.00		Subtotal (see instructions)	0	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		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,506	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,003	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)	3,855	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	1,211	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)	1,210	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	41	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)	41	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,318	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)	917	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)	916	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	152.66	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	152.66	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,345,375	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)	6,259	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)	6,259	25.00
26.00	Total swing-bed cost (see instructions)	2,776,041	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,569,334	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,569,334	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,141.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,645,951	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)	2,645,951	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

	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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,037,121	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,683,072	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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)	1,046,737	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	1,045,596	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	2,092,333	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)	148	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,141.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	168,939	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-1 | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,502,670	7,345,375	0.204574	168,939	34,561	90.00
91.00	Nursing School cost	0	7,345,375	0.000000	168,939	0	91.00
92.00	Allied health cost	0	7,345,375	0.000000	168,939	0	92.00
93.00	All other Medical Education	0	7,345,375	0.000000	168,939	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,515,555		30.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.512294	802,813	411,276	50.00
53.00	05300	ANESTHESIOLOGY	0.050513	465,431	23,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130916	1,426,293	186,725	54.00
60.00	06000	LABORATORY	0.116454	2,257,200	262,860	60.00
65.00	06500	RESPIRATORY THERAPY	0.304577	566,438	172,524	65.00
66.00	06600	PHYSICAL THERAPY	0.433144	307,888	133,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.461180	62,353	28,756	67.00
68.00	06800	SPEECH PATHOLOGY	0.617540	22,109	13,653	68.00
68.01	03040	AUDIOLOGY	0.460027	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.245118	902,960	1,124,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.428189	521,155	223,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260021	1,688,819	439,128	73.00
76.97	07697	CARDIAC REHABILITATION	0.712212	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.463958	4,394	2,039	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.263429	0	0	90.00
91.00	09100	EMERGENCY	0.507334	29,069	14,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.844750	1,299	1,097	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.359502	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,058,221	3,037,121	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		9,058,221		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D-3 | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.512294	211	108	50.00
53.00	05300	ANESTHESIOLOGY	0.050513	16,961	857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130916	153,333	20,074	54.00
60.00	06000	LABORATORY	0.116454	750,281	87,373	60.00
65.00	06500	RESPIRATORY THERAPY	0.304577	260,579	79,366	65.00
66.00	06600	PHYSICAL THERAPY	0.433144	433,782	187,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.461180	195,111	89,981	67.00
68.00	06800	SPEECH PATHOLOGY	0.617540	15,670	9,677	68.00
68.01	03040	AUDIOLOGY	0.460027	548	252	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.245118	201,233	250,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.428189	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.260021	828,336	215,385	73.00
76.97	07697	CARDIAC REHABILITATION	0.712212	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.463958	826	383	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.263429	0	0	90.00
91.00	09100	EMERGENCY	0.507334	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.844750	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.359502	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,856,871	941,905	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,856,871		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-1336	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/16/2018 12:49 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,287,431	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	8,287,431	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	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)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	8,370,305	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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	46,295	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,677,666	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	3,646,344	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	3,646,344	30.00
31.00	Primary payer payments	409	31.00
32.00	Subtotal (line 30 minus line 31)	3,645,935	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	169,615	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	110,250	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	90,763	36.00
37.00	Subtotal (see instructions)	3,756,185	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	3,756,185	40.00
40.01	Sequestration adjustment (see instructions)	75,124	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	3,849,608	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-168,547	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet E-1 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Hospital | Cost

		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		5,118,709		3,771,852	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	01/11/2018	199,455	01/11/2018	37,291	3.01
3.02		06/19/2018	51,478	06/19/2018	40,465	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		250,933		77,756	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)		5,369,642		3,849,608	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		140,548		168,547	6.02
7.00	Total Medicare program liability (see instructions)		5,229,094		3,681,061	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet E-1 Part I | Date/Time Prepared: 11/16/2018 12:49 pm

Title XVIII | Swing Beds - SNF | Cost

		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		2,815,754		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	01/11/2018	140,714		0	3.01
3.02		06/19/2018	86,795		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		227,509		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,043,263		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		78,197		0	6.02
7.00	Total Medicare program liability (see instructions)		2,965,066		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-1336	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/16/2018 12:49 pm
	Title XVIII	Hospital	Cost

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 14-1336 Component CCN: 14-Z336	Period: From 07/01/2017 To 06/30/2018	Worksheet E-2 Date/Time Prepared: 11/16/2018 12:49 pm
	Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	2,113,256	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	951,324	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	1,833	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	3,064,580	0	8.00
9.00	Primary payer payments (see instructions)	1,821	0	9.00
10.00	Subtotal (line 8 minus line 9)	3,062,759	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	3,062,759	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	39,562	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	3,023,197	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	3,663	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	2,381	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	3,025,578	0	19.00
19.01	Sequestration adjustment (see instructions)	60,512	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	3,043,263	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	-78,197	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-1336	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part V Date/Time Prepared: 11/16/2018 12:49 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	5,683,072	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	5,683,072	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	5,739,903	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	5,739,903	19.00
20.00	Deductibles (exclude professional component)	475,719	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	5,264,184	22.00
23.00	Coinsurance	987	23.00
24.00	Subtotal (line 22 minus line 23)	5,263,197	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	111,713	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	72,613	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	17,227	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	5,335,810	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.99	Demonstration payment adjustment amount before sequestration	0	29.99
30.00	Subtotal (see instructions)	5,335,810	30.00
30.01	Sequestration adjustment (see instructions)	106,716	30.01
30.02	Demonstration payment adjustment amount after sequestration	0	30.02
31.00	Interim payments	5,369,642	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)	-140,548	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G | Date/Time Prepared: 11/16/2018 12:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-1,355,197	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	21,020,504	0	0	0	4.00
5.00	Other receivable	-42,660	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,865,833	0	0	0	6.00
7.00	Inventory	618,956	0	0	0	7.00
8.00	Prepaid expenses	279,718	0	0	0	8.00
9.00	Other current assets	71,045	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)	6,726,533	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	2,130,878	0	0	0	12.00
13.00	Land improvements	1,469,318	0	0	0	13.00
14.00	Accumulated depreciation	-769,339	0	0	0	14.00
15.00	Buildings	39,624,501	0	0	0	15.00
16.00	Accumulated depreciation	-8,117,937	0	0	0	16.00
17.00	Leasehold improvements	21,000	0	0	0	17.00
18.00	Accumulated depreciation	-525	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	14,329,593	0	0	0	23.00
24.00	Accumulated depreciation	-9,406,587	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	32,472	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	39,313,374	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,233,754	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,233,754	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	50,273,661	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	918,653	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,135,699	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	20,507,192	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,568,473	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,130,017	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	19,631,725	0	0	0	46.00
47.00	Notes payable	5,367,613	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,922,614	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,921,952	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	52,051,969	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-1,778,308				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)	-1,778,308	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	50,273,661	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-1 | Date/Time Prepared: 11/16/2018 12:49 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		-1,112,040		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-491,111				2.00
3.00	Total (sum of line 1 and line 2)		-1,603,151		0		3.00
4.00	TRANSFERS-FOUNDATION	170,101		0		0	4.00
5.00	TEMPORARILY RESTRICTED NET ASSET	800,168		0		0	5.00
6.00	ROUNDING	1		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		970,270		0		10.00
11.00	Subtotal (line 3 plus line 10)		-632,881		0		11.00
12.00	TRANSFERS-AFFILIATE	947,435		0		0	12.00
13.00	TRANSFERS-HCTF	197,992		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,145,427		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-1,778,308		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	TRANSFERS-FOUNDATION		0			4.00
5.00	TEMPORARILY RESTRICTED NET ASSET		0			5.00
6.00	ROUNDING		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	TRANSFERS-AFFILIATE		0			12.00
13.00	TRANSFERS-HCTF		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: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-2 Parts I & II | Date/Time Prepared: 11/16/2018 12:49 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	3,391,978		3,391,978	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	2,061,757		2,061,757	5.00
6.00	Swing bed - NF	69,832		69,832	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	5,523,567		5,523,567	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,523,567		5,523,567	17.00
18.00	Ancillary services	23,332,139	67,812,301	91,144,440	18.00
19.00	Outpatient services	1,370,586	9,012,904	10,383,490	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER IDENTIFIED ON TB	264,375	493,127	757,502	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	30,490,667	77,318,332	107,808,999	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		38,602,927		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)		38,602,927		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2017 To 06/30/2018 | Worksheet G-3 | Date/Time Prepared: 11/16/2018 12:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	107,808,999	1.00
2.00	Less contractual allowances and discounts on patients' accounts	72,907,516	2.00
3.00	Net patient revenues (line 1 minus line 2)	34,901,483	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	38,602,927	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,701,444	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	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	885	13.00
14.00	Revenue from meals sold to employees and guests	133,750	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	4,922	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	50,494	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	37,661	22.00
23.00	Governmental appropriations	2,578,622	23.00
24.00	OTHER OPERATING REVENUE	368,395	24.00
24.01	GRANTS	35,604	24.01
24.02	OTHER (SPECIFY)	0	24.02
25.00	Total other income (sum of lines 6-24)	3,210,333	25.00
26.00	Total (line 5 plus line 25)	-491,111	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-491,111	29.00