

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet S Parts I-III Date/Time Prepared: 6/15/2020 6:36 pm
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PART I - COST REPORT STATUS

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

Date: _____ Time: _____

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received: 05/15/2019
 7. Contractor No. 08001
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH FLOYD (15-0044) for the cost reporting period beginning 10/01/2016 and ending 08/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-96,275	-22,110	0	305,537	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	-3,415		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-96,275	-25,525	0	305,537	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 6/15/2020 6:36 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1850 STATE STREET			PO Box:						1.00	
2.00	City: NEW ALBANY			State: IN		Zip Code: 47150-4990		County: FLOYD		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		BAPTIST HEALTH FLOYD	150044	31140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		BAPTIST HEALTH HOME CARE FLOYD	157152	31140		07/01/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2016	08/31/2017		20.00	
21.00	Type of Control (see instructions)						2		21.00		
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03	
23.00	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.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			853	519	293	307	6,455	207	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 6/15/2020 6:36 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00			
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 1.00	XIX 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	Y	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. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06	
Rural Providers						
105.00	Does this hospital qualify as a CAH?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
			1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 6/15/2020 6:36 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,407,817	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 6/15/2020 6:36 pm
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		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: BAPTIST HEALTHCARE SYSTEM, INC.	Contractor's Name: CIGNA		Contractor's Number: 15101		141.00				
142.00	Street: 2701 EASTPOINT PKWY	PO Box:				142.00				
143.00	City: LOUISVILLE	State: KY		Zip Code: 40223		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.	N						145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	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	161.00	
161.10	CORF			N		N		N	161.10	
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N						165.00		
		Name		County		State		Zip Code	CBSA	FTE/Campus
		0		1.00		2.00		3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y						167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99						169.00		
								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)							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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N						0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet S-2 Part II Date/Time Prepared: 6/15/2020 6:36 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	01/04/2017	Y	01/04/2017		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: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-2
Part II
Date/Time Prepared:
6/15/2020 6:36 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 relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SUSAN		FIN K		41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTHCARE SYSTEM, INC.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-253-6162		SUSAN.FINK1@BHSI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0044

Period:
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Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER ACCOUNTING	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

HFS Supplemental Information		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet S-2 Part IX Date/Time Prepared: 6/15/2020 6:36 pm	
		Title V 1.00	Title XIX 2.00		
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00	
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00	
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00	
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01	
		Inpatient 1.00	Outpatient 2.00		
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00	
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00	
		Title V 1.00	Title XIX 2.00		
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00	
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00	
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00	
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	209	70,015	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		209	70,015	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,360	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		225	75,375	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		225				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: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,417	730	48,623			1.00
2.00 HMO and other (see instructions)	7,168	7,589				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	25,417	730	48,623			7.00
8.00 INTENSIVE CARE UNIT	2,189	68	4,555			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		40	2,731			13.00
14.00 Total (see instructions)	27,606	838	55,909	0.00	1,802.59	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	17,459	0	27,252	0.00	37.76	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			820			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,840.35	27.00
28.00 Observation Bed Days		516	9,793			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	207	426			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: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	6,134	844	13,752	1.00
2.00 HMO and other (see instructions)			1,363	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,134	844	13,752	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
6/15/2020 6:36 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	91,908,490	0	91,908,490	3,513,229.13	26.16
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,028,334	22,090	3,050,424	179,411.65	17.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		826,578	0	826,578	12,456.19	66.36
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		228,003	0	228,003	2,187.50	104.23
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		6,785,781	0	6,785,781	156,582.00	43.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		2,441,430,258	0	2,441,430,258		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		84,625,552	0	84,625,552		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,914,753	0	1,914,753		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,354,975	0	2,354,975	91,007.60	25.88
27.00	Administrative & General	5.00	9,474,030	81,621	9,555,651	317,158.05	30.13

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
6/15/2020 6:36 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	288,328	0	288,328	1,718.00	167.83	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,943,902	0	1,943,902	79,361.14	24.49	30.00
31.00	Laundry & Linen Service	87,605	0	87,605	6,242.11	14.03	31.00
32.00	Housekeeping	1,732,755	0	1,732,755	121,734.23	14.23	32.00
33.00	Housekeeping under contract (see instructions)	60,123	0	60,123	3,835.50	15.68	33.00
34.00	Dietary	2,294,790	0	2,294,790	135,604.96	16.92	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	0	0	0	0.00	0.00	38.00
39.00	Central Services and Supply	1,031,088	0	1,031,088	62,217.30	16.57	39.00
40.00	Pharmacy	3,618,106	-128,640	3,489,466	81,644.87	42.74	40.00
41.00	Medical Records & Medical Records Library	4,231,113	0	4,231,113	152,202.20	27.80	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
6/15/2020 6:36 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	92,256,941	0	92,256,941	3,518,782.63	26.22	1.00
2.00	Excluded area salaries (see instructions)	3,028,334	22,090	3,050,424	179,411.65	17.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,228,607	-22,090	89,206,517	3,339,370.98	26.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,840,362	0	7,840,362	171,225.69	45.79	4.00
5.00	Subtotal wage-related costs (see inst.)	2,443,345,011	0	2,443,345,011	0.00	2,738.98	5.00
6.00	Total (sum of lines 3 thru 5)	2,540,413,980	-22,090	2,540,391,890	3,510,596.67	723.64	6.00
7.00	Total overhead cost (see instructions)	27,116,815	-47,019	27,069,796	1,052,725.96	25.71	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part IV
Date/Time Prepared:
6/15/2020 6:36 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,711,916	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	158,669	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	35,299	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,760,561	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	188,598	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	40,798	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	487,047	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,690,802	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	82,890	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	257,749	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,414,329	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet S-3
Part V
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	826,578	24,414,329	1.00
2.00	Hospital	826,578	24,414,329	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0044 Component CCN: 15-7152		Period: From 10/01/2016 To 08/31/2017		Worksheet S-4 Date/Time Prepared: 6/15/2020 6:36 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,477	3	447	2,927 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,041.00	132.00	786.00	2,104.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel			11.63	0.00	11.63 5.00	
6.00	Direct Nursing Service			14.35	0.00	14.35 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			7.43	0.00	7.43 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			2.08	0.00	2.08 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.70	0.00	0.70 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			0.03	0.00	0.03 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			1.53	0.00	1.53 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			31140		20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,701	95	361	145	8,302 21.00	
22.00	Skilled Nursing Visit Charges	1,529,330	18,865	72,030	28,925	1,649,150 22.00	
23.00	Physical Therapy Visits	5,311	58	90	146	5,605 23.00	
24.00	Physical Therapy Visit Charges	1,204,925	13,340	20,655	33,580	1,272,500 24.00	
25.00	Occupational Therapy Visits	1,396	32	12	40	1,480 25.00	
26.00	Occupational Therapy Visit Charges	288,915	6,720	2,520	8,400	306,555 26.00	
27.00	Speech Pathology Visits	280	24	6	7	317 27.00	
28.00	Speech Pathology Visit Charges	60,760	5,280	1,180	1,540	68,760 28.00	
29.00	Medical Social Service Visits	19	1	0	0	20 29.00	
30.00	Medical Social Service Visit Charges	4,520	240	0	0	4,760 30.00	
31.00	Home Health Aide Visits	1,626	72	10	27	1,735 31.00	
32.00	Home Health Aide Visit Charges	160,240	6,380	980	2,700	170,300 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,333	282	479	365	17,459 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,248,690	50,825	97,365	75,145	3,472,025 35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,184		167	32	1,383 36.00	
37.00	Total Number of Outlier Episodes		7		2	9 37.00	
38.00	Total Non-Routine Medical Supply Charges	108,051	887	2,316	2,488	113,742 38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet S-10 Date/Time Prepared: 6/15/2020 6:36 pm
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			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)		0.236422	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,456,509	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?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		114,520,839	6.00	
7.00	Medicaid cost (line 1 times line 6)		27,075,246	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)		0	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)		210,537	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		49,776	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)		49,776	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		187,779	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)		49,776	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)	757,500	224,410	981,910	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	179,090	224,410	403,500	21.00
22.00	Payments received from patients for amounts previously written off as charity care	863	6,758	7,621	22.00
23.00	Cost of charity care (line 21 minus line 22)	178,227	217,652	395,879	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)		18,207,283	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,161,274	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,786,576	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		16,420,707	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,507,518	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,903,397	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,953,173	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,034,884	9,034,884	12,684	9,047,568	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,600,929	14,600,929	0	14,600,929	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,354,975	1,561,820	3,916,795	18,222,769	22,139,564	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,474,030	28,923,039	38,397,069	-1,568,577	36,828,492	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,943,902	5,268,391	7,212,293	-404,492	6,807,801	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	87,605	865,171	952,776	-17,864	934,912	8.00
9.00	00900	HOUSEKEEPING	1,732,755	1,141,205	2,873,960	-360,631	2,513,329	9.00
10.00	01000	DIETARY	2,294,790	1,562,427	3,857,217	-418,087	3,439,130	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,031,088	1,140,647	2,171,735	-267,855	1,903,880	14.00
15.00	01500	PHARMACY	3,618,106	15,546,222	19,164,328	-15,162,570	4,001,758	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,231,113	1,114,194	5,345,307	-872,433	4,472,874	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	450	450	156,395	156,845	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,582,532	10,284,858	30,867,390	-4,585,876	26,281,514	30.00
31.00	03100	INTENSIVE CARE UNIT	3,112,098	1,379,878	4,491,976	-1,034,545	3,457,431	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	995,933	995,933	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,777,242	20,427,615	28,204,857	-16,692,955	11,511,902	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,485,358	1,208,699	4,694,057	-3,115,572	1,578,485	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,657,905	6,271,037	11,928,942	-2,256,676	9,672,266	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	644,032	619,042	1,263,074	-312,501	950,573	57.00
58.00	05800	MRI	379,364	311,052	690,416	-168,374	522,042	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,570,972	10,409,434	12,980,406	-10,225,137	2,755,269	59.00
60.00	06000	LABORATORY	3,787,020	7,662,340	11,449,360	-820,480	10,628,880	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	632,950	13,395,060	14,028,010	-13,286,475	741,535	64.00
65.00	06500	RESPIRATORY THERAPY	1,943,064	908,219	2,851,283	-638,711	2,212,572	65.00
66.00	06600	PHYSICAL THERAPY	3,656,315	1,840,511	5,496,826	-732,882	4,763,944	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	242,004	81,799	323,803	-50,731	273,072	68.00
69.00	06900	ELECTROCARDIOLOGY	1,977,122	1,121,730	3,098,852	-857,142	2,241,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59,934	15,873	75,807	-12,487	63,320	70.00
70.01	07001	SLEEP DISORDER	709,580	321,726	1,031,306	-148,253	883,053	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,272,644	17,272,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,391,558	13,391,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,184,731	27,184,731	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	433,604	151,766	585,370	-86,342	499,028	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	484,445	1,945,547	2,429,992	-681,336	1,748,656	90.00
91.00	09100	EMERGENCY	3,976,251	2,070,560	6,046,811	-1,451,122	4,595,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
6/15/2020 6:36 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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,535,465	926,263	3,461,728	-525,972	2,935,756	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,415,621	162,112,388	253,528,009	480,636	254,008,645	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	109,205	109,205	0	109,205	190.00
191.00	19100	RESEARCH	63,181	14,958	78,139	-13,127	65,012	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	147,302	147,302	-10,983	136,319	192.00
192.01	19201	OTHER NRCC	181,897	220,985	402,882	-79,974	322,908	192.01
192.02	19202	LTC	0	973	973	0	973	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	247,791	1,117,485	1,365,276	-376,552	988,724	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	91,908,490	163,723,296	255,631,786	0	255,631,786	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
6/15/2020 6:36 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	-339,773	8,707,795	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,074	14,599,855	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-481,056	21,658,508	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,139,640	39,968,132	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,400	6,805,401	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	934,912	8.00
9.00	00900	HOUSEKEEPING	0	2,513,329	9.00
10.00	01000	DIETARY	-1,231,850	2,207,280	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-339,725	1,564,155	14.00
15.00	01500	PHARMACY	-381,686	3,620,072	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-34,549	4,438,325	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	156,845	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,423,211	21,858,303	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,457,431	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	995,933	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-14,555	11,497,347	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,739	1,576,746	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,489,463	8,182,803	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	950,573	57.00
58.00	05800	MRI	0	522,042	58.00
59.00	05900	CARDIAC CATHETERIZATION	-33,629	2,721,640	59.00
60.00	06000	LABORATORY	-20,421	10,608,459	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	-161,505	580,030	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,212,572	65.00
66.00	06600	PHYSICAL THERAPY	-4,903	4,759,041	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-2,551	270,521	68.00
69.00	06900	ELECTROCARDIOLOGY	-800	2,240,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	63,320	70.00
70.01	07001	SLEEP DISORDER	0	883,053	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-610,870	16,661,774	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,391,558	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,184,731	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-30,100	468,928	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,748,656	90.00
91.00	09100	EMERGENCY	-117	4,595,572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
99.00	09900	CMHC	6.00	7.00	
99.10	09910	CORF	0	0	99.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	-3,061	2,932,695	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	0	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,469,398	247,539,247	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	109,205	118.00
191.00	19100	RESEARCH	0	65,012	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	136,319	191.00
192.01	19201	OTHER NRCC	0	322,908	192.00
192.02	19202	LTC	0	973	192.01
193.00	19300	NONPAID WORKERS	0	0	192.02
194.00	07950	MARKETING	0	988,724	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,469,398	249,162,388	194.00

COST CENTERS USED IN COST REPORT

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet Non-CMS W
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
23.00 PARAMED PRGM-PHARMACY RESIDENCY	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
45.00 NURSING FACILITY	04500		45.00
46.00 OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
70.01 SLEEP DISORDER	07001		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
76.00 NUTRITION/DIABETES	03950		76.00
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	09400		94.00
95.00 AMBULANCE SERVICES	09500		95.00

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Amended

COST CENTERS USED IN COST REPORT

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet Non-CMS W
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	OTHER NRCC	19201		192.01
192.02	LTC	19202		192.02
193.00	NONPAID WORKERS	19300		193.00
194.00	MARKETING	07950		194.00
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,184,731	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	27,184,731	
B - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,391,558	1.00
	TOTALS		0	13,391,558	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,664,202	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	30,664,202	
D - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,684	1.00
	TOTALS		0	12,684	
E - MASSAGE					
1.00	PHYSICAL THERAPY	66.00	24,929	5,458	1.00
	TOTALS		24,929	5,458	
F - MARKETING					
1.00	ADMINISTRATIVE & GENERAL	5.00	106,550	224,284	1.00
	TOTALS		106,550	224,284	
G - NURSERY					
1.00	ADULTS & PEDIATRICS	30.00	1,005,696	85,975	1.00
2.00	NURSERY	43.00	917,498	78,435	2.00
	TOTALS		1,923,194	164,410	
H - PHARMACY RESIDENCY					
1.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	128,640	27,755	1.00
	TOTALS		128,640	27,755	
I - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,222,769	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	18,222,769		
500.00	Grand Total: Increases		2,183,313	89,897,851		500.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-6
Date/Time Prepared:
6/15/2020 6:36 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,455	0		1.00
2.00	PHARMACY	15.00	0	14,081,067	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,505	0		3.00
4.00	OPERATING ROOM	50.00	0	4,940	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,003	0		5.00
6.00	CT SCAN	57.00	0	367	0		6.00
7.00	MRI	58.00	0	792	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	15,147	0		8.00
9.00	INTRAVENOUS THERAPY	64.00	0	12,957,881	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	243	0		10.00
11.00	SPEECH PATHOLOGY	68.00	0	3	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	46,962	0		12.00
13.00	CARDIAC REHABILITATION	76.97	0	425	0		13.00
14.00	CLINIC	90.00	0	12,398	0		14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,983	0		15.00
16.00	OTHER NRCC	192.01	0	43,560	0		16.00
	TOTALS		0	27,184,731			
B - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,391,558	0		1.00
	TOTALS		0	13,391,558			
C - SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	47,376	0		1.00
2.00	PHARMACY	15.00	0	178,996	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,141	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,423,696	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	389,756	0		5.00
6.00	OPERATING ROOM	50.00	0	15,088,959	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	306,600	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,194,699	0		8.00
9.00	CT SCAN	57.00	0	183,182	0		9.00
10.00	MRI	58.00	0	90,133	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	9,679,423	0		11.00
12.00	LABORATORY	60.00	0	30,583	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	197,403	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	216,598	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	19,346	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	1,441	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	412,590	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	51	0		18.00
19.00	SLEEP DISORDER	70.01	0	2,076	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	491	0		20.00
21.00	CLINIC	90.00	0	568,779	0		21.00
22.00	EMERGENCY	91.00	0	630,883	0		22.00
	TOTALS		0	30,664,202			
D - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,684	12		1.00
	TOTALS		0	12,684			
E - MASSAGE							
1.00	ADMINISTRATIVE & GENERAL	5.00	24,929	5,458	0		1.00
	TOTALS		24,929	5,458			
F - MARKETING							
1.00	MARKETING	194.00	106,550	224,284	0		1.00
	TOTALS		106,550	224,284			
G - NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,923,194	164,410	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,923,194	164,410			
H - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	128,640	27,755	0		1.00
	TOTALS		128,640	27,755			
I - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,856,340	0		1.00
2.00	OPERATION OF PLANT	7.00	0	404,492	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	17,864	0		3.00
4.00	HOUSEKEEPING	9.00	0	360,631	0		4.00
5.00	DIETARY	10.00	0	418,087	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	216,024	0		6.00
7.00	PHARMACY	15.00	0	746,112	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	871,292	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	4,252,346	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	644,789	0		10.00
11.00	OPERATING ROOM	50.00	0	1,599,056	0		11.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-6

Date/Time Prepared:
6/15/2020 6:36 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	721,368	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,057,974	0		13.00	
14.00	CT SCAN	57.00	0	128,952	0		14.00	
15.00	MRI	58.00	0	77,449	0		15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	530,567	0		16.00	
17.00	LABORATORY	60.00	0	789,897	0		17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	131,191	0		18.00	
19.00	RESPIRATORY THERAPY	65.00	0	422,113	0		19.00	
20.00	PHYSICAL THERAPY	66.00	0	743,680	0		20.00	
21.00	SPEECH PATHOLOGY	68.00	0	49,287	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	397,590	0		22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,436	0		23.00	
24.00	SLEEP DISORDER	70.01	0	146,177	0		24.00	
25.00	CARDIAC REHABILITATION	76.97	0	85,426	0		25.00	
26.00	CLINIC	90.00	0	100,159	0		26.00	
27.00	EMERGENCY	91.00	0	820,239	0		27.00	
28.00	HOME HEALTH AGENCY	101.00	0	525,972	0		28.00	
29.00	RESEARCH	191.00	0	13,127	0		29.00	
30.00	OTHER NRCC	192.01	0	36,414	0		30.00	
31.00	MARKETING	194.00	0	45,718	0		31.00	
	TOTALS		0	18,222,769				
500.00	Grand Total: Decreases		2,183,313	89,897,851			500.00	

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - DRUGS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,184,731	CENTRAL SERVICES & SUPPLY	14.00	0	4,455	1.00
2.00		0.00	0	0	PHARMACY	15.00	0	14,081,067	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,505	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	4,940	4.00
5.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4,003	5.00
6.00		0.00	0	0	CT SCAN	57.00	0	367	6.00
7.00		0.00	0	0	MRI	58.00	0	792	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	15,147	8.00
9.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	12,957,881	9.00
10.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	243	10.00
11.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	3	11.00
12.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	46,962	12.00
13.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	425	13.00
14.00		0.00	0	0	CLINIC	90.00	0	12,398	14.00
15.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,983	15.00
16.00		0.00	0	0	OTHER NRCC	192.01	0	43,560	16.00
	TOTALS		0	27,184,731	TOTALS		0	27,184,731	
B - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,391,558	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,391,558	1.00
	TOTALS		0	13,391,558	TOTALS		0	13,391,558	
C - SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,664,202	CENTRAL SERVICES & SUPPLY	14.00	0	47,376	1.00
2.00		0.00	0	0	PHARMACY	15.00	0	178,996	2.00
3.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	1,141	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,423,696	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	389,756	5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	15,088,959	6.00
7.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	306,600	7.00
8.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,194,699	8.00
9.00		0.00	0	0	CT SCAN	57.00	0	183,182	9.00
10.00		0.00	0	0	MRI	58.00	0	90,133	10.00
11.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	9,679,423	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	30,583	12.00
13.00		0.00	0	0	INTRAVENOUS THERAPY	64.00	0	197,403	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	216,598	14.00
15.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	19,346	15.00
16.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	1,441	16.00
17.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	412,590	17.00
18.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	51	18.00
19.00		0.00	0	0	SLEEP DISORDER	70.01	0	2,076	19.00
20.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	491	20.00
21.00		0.00	0	0	CLINIC	90.00	0	568,779	21.00
22.00		0.00	0	0	EMERGENCY	91.00	0	630,883	22.00
	TOTALS		0	30,664,202	TOTALS		0	30,664,202	
D - PROPERTY INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,684	ADMINISTRATIVE & GENERAL	5.00	0	12,684	1.00
	TOTALS		0	12,684	TOTALS		0	12,684	
E - MASSAGE									
1.00	PHYSICAL THERAPY	66.00	24,929	5,458	ADMINISTRATIVE & GENERAL	5.00	24,929	5,458	1.00
	TOTALS		24,929	5,458	TOTALS		24,929	5,458	
F - MARKETING									
1.00	ADMINISTRATIVE & GENERAL	5.00	106,550	224,284	MARKETING	194.00	106,550	224,284	1.00
	TOTALS		106,550	224,284	TOTALS		106,550	224,284	
G - NURSERY									
1.00	ADULTS & PEDIATRICS	30.00	1,005,696	85,975	DELIVERY ROOM & LABOR ROOM	52.00	1,923,194	164,410	1.00
2.00	NURSERY	43.00	917,498	78,435		0.00	0	0	2.00
	TOTALS		1,923,194	164,410	TOTALS		1,923,194	164,410	

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
H - PHARMACY RESIDENCY									
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	128,640	27,755	PHARMACY	15.00	128,640	27,755	1.00
TOTALS			128,640	27,755	TOTALS		128,640	27,755	
I - BENEFITS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,222,769	ADMINISTRATIVE & GENERAL	5.00	0	1,856,340	1.00
2.00		0.00	0		OPERATION OF PLANT	7.00	0	404,492	2.00
3.00		0.00	0		LAUNDRY & LINEN SERVICE	8.00	0	17,864	3.00
4.00		0.00	0		HOUSEKEEPING	9.00	0	360,631	4.00
5.00		0.00	0		DIETARY	10.00	0	418,087	5.00
6.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	216,024	6.00
7.00		0.00	0		PHARMACY	15.00	0	746,112	7.00
8.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	871,292	8.00
9.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	4,252,346	9.00
10.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	644,789	10.00
11.00		0.00	0		OPERATING ROOM	50.00	0	1,599,056	11.00
12.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	721,368	12.00
13.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	1,057,974	13.00
14.00		0.00	0		CT SCAN	57.00	0	128,952	14.00
15.00		0.00	0		MRI	58.00	0	77,449	15.00
16.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	530,567	16.00
17.00		0.00	0		LABORATORY	60.00	0	789,897	17.00
18.00		0.00	0		INTRAVENOUS THERAPY	64.00	0	131,191	18.00
19.00		0.00	0		RESPIRATORY THERAPY	65.00	0	422,113	19.00
20.00		0.00	0		PHYSICAL THERAPY	66.00	0	743,680	20.00
21.00		0.00	0		SPEECH PATHOLOGY	68.00	0	49,287	21.00
22.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	397,590	22.00
23.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	12,436	23.00
24.00		0.00	0		SLEEP DISORDER	70.01	0	146,177	24.00
25.00		0.00	0		CARDIAC REHABILITATION	76.97	0	85,426	25.00
26.00		0.00	0		CLINIC	90.00	0	100,159	26.00
27.00		0.00	0		EMERGENCY	91.00	0	820,239	27.00
28.00		0.00	0		HOME HEALTH AGENCY	101.00	0	525,972	28.00
29.00		0.00	0		RESEARCH	191.00	0	13,127	29.00
30.00		0.00	0		OTHER NRCC	192.01	0	36,414	30.00
31.00		0.00	0		MARKETING	194.00	0	45,718	31.00
TOTALS			0	18,222,769	TOTALS		0	18,222,769	
500.00	Grand Total: Increases		2,183,313	89,897,851	Grand Total: Decreases		2,183,313	89,897,851	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,437,951	0	0	0	4,597,951 1.00
2.00	Land Improvements	4,610,703	0	0	0	3,465,089 2.00
3.00	Buildings and Fixtures	135,000,707	0	0	0	13,209,490 3.00
4.00	Building Improvements	4,728,964	0	0	0	3,303,475 4.00
5.00	Fixed Equipment	18,974,936	0	0	0	18,694,239 5.00
6.00	Movable Equipment	149,273,020	0	0	0	109,250,591 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	319,026,281	0	0	0	152,520,835 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	319,026,281	0	0	0	152,520,835 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,840,000	0			1.00
2.00	Land Improvements	1,145,614	0			2.00
3.00	Buildings and Fixtures	121,791,217	0			3.00
4.00	Building Improvements	1,425,489	0			4.00
5.00	Fixed Equipment	280,697	0			5.00
6.00	Movable Equipment	40,022,429	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	166,505,446	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	166,505,446	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
6/15/2020 6:36 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	4,099,347	0	4,935,537	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,600,929	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,700,276	0	4,935,537	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	9,034,884				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,600,929				2.00
3.00	Total (sum of lines 1-2)	0	23,635,813				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	126,483,018	0	126,483,018	0.759633	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,022,429	0	40,022,429	0.240367	0	2.00
3.00	Total (sum of lines 1-2)	166,505,447	0	166,505,447	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,099,347	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,599,855	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,699,202	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,595,764	12,684	0	0	8,707,795	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,599,855	2.00
3.00	Total (sum of lines 1-2)	4,595,764	12,684	0	0	23,307,650	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-8

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-569,138		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-29,745		ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,680,618				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	16,582,218				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,225,680		DIETARY	10.00	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	-34,763		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)				UTILIZATION REVIEW-SNF	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	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	A	-738,451		ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PERSONAL USE OF CAR DEPR	A	-1,074		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 PERSONAL USE OF CARE GAS	A	-30	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 EMPLOYEE BENEFITS - MISC REVENUE	B	-72,899	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.02
33.03 A & G - MISC REVENUE	B	-173,747	ADMINISTRATIVE & GENERAL		5.00	0 33.03
33.04 PLANT OPERATIONS - MISC REVENUE	B	-2,400	OPERATION OF PLANT		7.00	0 33.04
33.05 DIETARY - MISC REVENUE	B	-6,170	DIETARY		10.00	0 33.05
33.06 CENTRAL SUPPLY - MISC REVENUE	B	-339,725	CENTRAL SERVICES & SUPPLY		14.00	0 33.06
33.07 PHARMACY - MISC REVENUE	B	-381,686	PHARMACY		15.00	0 33.07
33.08 ADULTS AND PEDS - MISC REVENUE	B	-4,142	ADULTS & PEDIATRICS		30.00	0 33.08
33.09 SURGERY - MISC REVENUE	B	-14,555	OPERATING ROOM		50.00	0 33.09
33.10 LABOR AND DELIVERY - MISC REVENUE	B	-1,739	DELIVERY ROOM & LABOR ROOM		52.00	0 33.10
33.11 RADIOLOGY - MISC REVENUE	B	-218,507	RADIOLOGY-DIAGNOSTIC		54.00	0 33.11
33.12 CARDIAC CATH - MISC REVENUE	B	-33,629	CARDIAC CATHETERIZATION		59.00	0 33.12
33.13 LABORATORY - MISC REVENUE	B	-20,421	LABORATORY		60.00	0 33.13
33.14 IV THERAPY - MISC REVENUE	B	-161,505	INTRAVENOUS THERAPY		64.00	0 33.14
33.16 SPEECH THERAPY - MISC REVENUE	B	-2,551	SPEECH PATHOLOGY		68.00	0 33.16
33.17 RADIOLOGY - MISC REVENUE	B	-800	ELECTROCARDIOLOGY		69.00	0 33.17
33.18 CARDIAC REHAB - MISC REVENUE	B	-30,100	CARDIAC REHABILITATION		76.97	0 33.18
33.19 INTEREST INCOME	A	-339,773	CAP REL COSTS-BLDG & FIXT		1.00	11 33.19
33.20 LOBBYING DUES	A	-5,630	ADMINISTRATIVE & GENERAL		5.00	0 33.20
33.21 EMPLOYEE BENEFITS - ADVERTISING	A	265	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.21
33.22 ADMIN - ADVERTISING	A	-38,456	ADMINISTRATIVE & GENERAL		5.00	0 33.22
33.23 PHYSICAL THERAPY - ADVERTISING	A	-4,903	PHYSICAL THERAPY		66.00	0 33.23
33.24 ER - ADVERTISING	A	-117	EMERGENCY		91.00	0 33.24
33.25 HOME HEALTH - ADVERTISING	A	-3,061	HOME HEALTH AGENCY		101.00	0 33.25
33.26 EMPLOYEE BENEFITS - NONALLOWABLE EXP	A	-408,422	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.26
33.27 ADMIN - NONALLOWABLE EXPENSES	A	-112,495	ADMINISTRATIVE & GENERAL		5.00	0 33.27
33.28 HAF FEE - HOSPITAL	A	-13,123,993	ADMINISTRATIVE & GENERAL		5.00	0 33.28
33.29 HAF FEE - CANCER CARE INSTITUTE	A	-1,270,956	RADIOLOGY-DIAGNOSTIC		54.00	0 33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,469,398				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: 15-0044
 Period: From 10/01/2016 To 08/31/2017
 Worksheet A-8-1
 Date/Time Prepared: 6/15/2020 6:36 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	16.00	MEDICAL RECORDS & LIBRARY	214	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	17,192,874	0	2.00
3.00	71.00	MEDICAL SUPPLIES CHARGED TO	-610,870	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		16,582,218	0	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. 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	BHSI	100.00	BHSI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-8-1

Date/Time Prepared:
6/15/2020 6:36 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	214	0		1.00
2.00	17,192,874	0		2.00
3.00	-610,870	0		3.00
4.00	0	0		4.00
5.00	16,582,218			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			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: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet A-8-2

Date/Time Prepared:
6/15/2020 6:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,868,912	3,640,909	228,003	179,000	2,188	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,868,912	3,640,909	228,003		2,188	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	188,294	9,415	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			188,294	9,415	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	188,294	39,709	3,680,618		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	188,294	39,709	3,680,618		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,707,795	8,707,795			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	14,599,855		14,599,855		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,658,508	192,049	51,548	21,902,105	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	39,968,132	462,255	4,731,486	2,337,026	47,498,899
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,805,401	130,607	419,395	475,420	7,830,823
8.00 00800	LAUNDRY & LINEN SERVICE	934,912	123,888	20,298	21,426	1,100,524
9.00 00900	HOUSEKEEPING	2,513,329	31,308	20,722	423,780	2,989,139
10.00 01000	DIETARY	2,207,280	47,889	191,277	561,237	3,007,683
11.00 01100	CAFETERIA	0	271,663	0	0	271,663
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	1,564,155	308,574	178,582	252,173	2,303,484
15.00 01500	PHARMACY	3,620,072	69,525	83,361	853,419	4,626,377
16.00 01600	MEDICAL RECORDS & LIBRARY	4,438,325	138,879	52,839	1,034,803	5,664,846
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMEDICAL PRGM-PHARMACY RESIDENCY	156,845	2,783	3,347	31,461	194,436
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,858,303	2,778,187	1,934,494	5,279,833	31,850,817
31.00 03100	INTENSIVE CARE UNIT	3,457,431	250,047	162,654	761,126	4,631,258
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	995,933	68,332	60,391	224,392	1,349,048
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,497,347	822,523	2,104,417	1,902,080	16,326,367
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,576,746	491,310	89,558	382,058	2,539,672
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,182,803	539,238	1,450,703	1,383,754	11,556,498
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	950,573	68,010	214,675	157,511	1,390,769
58.00 05800	MRI	522,042	31,119	338,226	92,781	984,168
59.00 05900	CARDIAC CATHETERIZATION	2,721,640	213,003	849,611	628,783	4,413,037
60.00 06000	LABORATORY	10,608,459	332,537	384,002	926,191	12,251,189
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	580,030	0	325	154,801	735,156
65.00 06500	RESPIRATORY THERAPY	2,212,572	44,880	109,442	475,215	2,842,109
66.00 06600	PHYSICAL THERAPY	4,759,041	6,152	68,760	900,322	5,734,275
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	270,521	10,884	6,022	59,187	346,614
69.00 06900	ELECTROCARDIOLOGY	2,240,910	171,285	278,335	483,545	3,174,075
70.00 07000	ELECTROENCEPHALOGRAPHY	63,320	135,150	16,327	14,658	229,455
70.01 07001	SLEEP DISORDER	883,053	73,916	40,661	173,542	1,171,172
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,661,774	0	0	0	16,661,774
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	13,391,558	0	0	0	13,391,558
73.00 07300	DRUGS CHARGED TO PATIENTS	27,184,731	0	0	0	27,184,731
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	468,928	68,010	25,103	106,047	668,088
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	1,748,656	98,845	7,837	118,481	1,973,819
91.00 09100	EMERGENCY	4,595,572	547,226	212,398	972,472	6,327,668
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	2,932,695	0	26,163	620,099	3,578,957	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	247,539,247	8,530,074	14,132,959	21,807,623	246,800,148	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	109,205	0	0	0	109,205	190.00
191.00 19100 RESEARCH	65,012	0	0	15,452	80,464	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	136,319	61,726	85,037	0	283,082	192.00
192.01 19201 OTHER NRCC	322,908	87,072	360,129	44,487	814,596	192.01
192.02 19202 LTC	973	0	16,256	0	17,229	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	988,724	28,923	5,474	34,543	1,057,664	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	249,162,388	8,707,795	14,599,855	21,902,105	249,162,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	47,498,899				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	1,844,433	0	9,675,256		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	259,212	0	151,289	1,511,025	8.00	
9.00	00900	HOUSEKEEPING	704,047	0	38,233	63,777	3,795,196	9.00
10.00	01000	DIETARY	708,415	0	58,481	62,249	23,398	10.00
11.00	01100	CAFETERIA	63,986	0	331,749	0	132,731	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	542,551	0	376,824	0	150,765	14.00
15.00	01500	PHARMACY	1,089,674	0	84,902	830	33,969	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,334,270	0	169,596	0	67,855	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	45,796	0	3,398	33	1,359	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,502,068	0	3,392,662	684,489	1,357,386	30.00
31.00	03100	INTENSIVE CARE UNIT	1,090,823	0	305,352	58,769	122,170	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	317,748	0	83,446	22,054	33,386	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,845,431	0	1,004,448	170,042	401,875	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	598,182	0	599,978	42,216	240,048	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,721,960	0	658,506	81,668	263,465	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	327,575	0	83,053	11,300	33,229	57.00
58.00	05800	MRI	231,806	0	38,001	18,689	15,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,039,425	0	260,115	69,477	104,071	59.00
60.00	06000	LABORATORY	2,885,584	0	406,088	52	162,474	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	173,155	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	669,416	0	54,806	0	21,928	65.00
66.00	06600	PHYSICAL THERAPY	1,350,622	0	7,512	16,339	3,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	81,640	0	13,291	0	5,318	68.00
69.00	06900	ELECTROCARDIOLOGY	747,606	0	209,169	122	83,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,045	0	165,042	0	66,033	70.00
70.01	07001	SLEEP DISORDER	275,852	0	90,265	13,184	36,115	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,924,431	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,154,181	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,402,956	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	157,358	0	83,053	0	33,229	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	464,903	0	120,708	6,146	48,294	90.00
91.00	09100	EMERGENCY	1,490,387	0	668,260	184,404	267,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	842,970	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,942,508	0	9,458,227	1,505,840	3,708,364	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,722	0	0	0	0	190.00
191.00	19100	RESEARCH	18,952	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	66,676	0	75,379	5,169	30,159	192.00
192.01	19201	OTHER NRCC	191,866	0	106,330	16	42,542	192.01
192.02	19202	LTC	4,058	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	249,117	0	35,320	0	14,131	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	47,498,899	0	9,675,256	1,511,025	3,795,196	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period: From 10/01/2016 To 08/31/2017

Worksheet B Part I Date/Time Prepared: 6/15/2020 6:36 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,860,226					10.00
11.00	01100	CAFETERIA	0	800,129				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,988	0	0	3,393,612	14.00
15.00	01500	PHARMACY	0	26,230	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,897	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	1,042	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,424,990	262,997	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	198,569	33,294	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	65,722	9,138	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,443	84,930	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,890	16,589	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,378	38,729	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	7,750	0	0	0	57.00
58.00	05800	MRI	0	3,675	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,490	27,410	0	0	0	59.00
60.00	06000	LABORATORY	0	49,829	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	24,657	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	838	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,085	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,455	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	815	0	0	0	70.00
70.01	07001	SLEEP DISORDER	895	7,877	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,911,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,482,044	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,799	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	73	6,250	0	0	0	90.00
91.00	09100	EMERGENCY	32,776	48,471	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	23,156	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,860,226	763,901	0	0	3,393,612	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	35,035	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	1,193	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,860,226	800,129	0	0	3,393,612	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 08/31/2017

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,861,982					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,285,464				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	246,064		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,492,416	0	0	54,967,825	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	6,440,235	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	1,880,542	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	475,829	0	0	22,314,365	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,155,575	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	26,435	0	0	15,351,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	1,853,676	57.00
58.00	05800	MRI	0	0	0	0	1,291,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,922,025	59.00
60.00	06000	LABORATORY	0	0	0	0	15,755,216	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	908,311	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,009	0	0	3,649,925	65.00
66.00	06600	PHYSICAL THERAPY	0	26,435	0	0	7,139,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	448,948	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,435	0	0	4,257,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	515,390	70.00
70.01	07001	SLEEP DISORDER	0	0	0	0	1,595,360	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	22,497,773	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,027,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,861,982	0	0	246,064	39,695,733	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	944,527	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	2,620,193	90.00
91.00	09100	EMERGENCY	0	200,905	0	0	9,220,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,445,083	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,861,982	7,285,464	0	246,064	245,898,483	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	134,927	190.00
191.00	19100	RESEARCH	0	0	0	0	99,416	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	460,465	192.00
192.01	19201	OTHER NRCC	0	0	0	0	1,190,385	192.01
192.02	19202	LTC	0	0	0	0	21,287	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	1,357,425	194.00
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)	5,861,982	7,285,464	0	246,064	249,162,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	54,967,825	30.00
31.00	03100	INTENSIVE CARE UNIT	6,440,235	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,880,542	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	22,314,365	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,155,575	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,351,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	1,853,676	57.00
58.00	05800	MRI	1,291,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,922,025	59.00
60.00	06000	LABORATORY	15,755,216	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	908,311	64.00
65.00	06500	RESPIRATORY THERAPY	3,649,925	65.00
66.00	06600	PHYSICAL THERAPY	7,139,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	448,948	68.00
69.00	06900	ELECTROCARDIOLOGY	4,257,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	515,390	70.00
70.01	07001	SLEEP DISORDER	1,595,360	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,497,773	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,027,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,695,733	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION/DIABETES	0	76.00
76.97	07697	CARDIAC REHABILITATION	944,527	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	2,620,193	90.00
91.00	09100	EMERGENCY	9,220,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00

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Amended

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	4,445,083	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	245,898,483	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	134,927	190.00
191.00	19100 RESEARCH	0	99,416	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	460,465	192.00
192.01	19201 OTHER NRCC	0	1,190,385	192.01
192.02	19202 LTC	0	21,287	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	1,357,425	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	249,162,388	202.00

COST ALLOCATION STATISTICS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet Non-CMS W
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	5	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	PRODUCTIVE HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	10	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	11	DI RECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	14.00
15.00	PHARMACY	13	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	16.00
17.00	SOCIAL SERVICE	15	ASSIGNED TIME	17.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	192,049	51,548	243,597	243,597
5.00 00500	ADMINISTRATIVE & GENERAL	886,080	462,255	4,731,486	6,079,821	25,991
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	130,607	419,395	550,002	5,287
8.00 00800	LAUNDRY & LINEN SERVICE	0	123,888	20,298	144,186	238
9.00 00900	HOUSEKEEPING	0	31,308	20,722	52,030	4,713
10.00 01000	DIETARY	0	47,889	191,277	239,166	6,242
11.00 01100	CAFETERIA	0	271,663	0	271,663	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	308,574	178,582	487,156	2,805
15.00 01500	PHARMACY	0	69,525	83,361	152,886	9,491
16.00 01600	MEDICAL RECORDS & LIBRARY	0	138,879	52,839	191,718	11,509
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	2,783	3,347	6,130	350
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,778,187	1,934,494	4,712,681	58,731
31.00 03100	INTENSIVE CARE UNIT	0	250,047	162,654	412,701	8,465
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	68,332	60,391	128,723	2,496
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	822,523	2,104,417	2,926,940	21,154
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	491,310	89,558	580,868	4,249
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	539,238	1,450,703	1,989,941	15,390
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	68,010	214,675	282,685	1,752
58.00 05800	MRI	0	31,119	338,226	369,345	1,032
59.00 05900	CARDIAC CATHETERIZATION	0	213,003	849,611	1,062,614	6,993
60.00 06000	LABORATORY	0	332,537	384,002	716,539	10,301
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	325	325	1,722
65.00 06500	RESPIRATORY THERAPY	0	44,880	109,442	154,322	5,285
66.00 06600	PHYSICAL THERAPY	0	6,152	68,760	74,912	10,013
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	10,884	6,022	16,906	658
69.00 06900	ELECTROCARDIOLOGY	0	171,285	278,335	449,620	5,378
70.00 07000	ELECTROENCEPHALOGRAPHY	0	135,150	16,327	151,477	163
70.01 07001	SLEEP DISORDER	0	73,916	40,661	114,577	1,930
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	68,010	25,103	93,113	1,179
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	98,845	7,837	106,682	1,318
91.00 09100	EMERGENCY	0	547,226	212,398	759,624	10,815
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	26,163	26,163	6,896	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	886,080	8,530,074	14,132,959	23,549,113	242,546	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	172	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	61,726	85,037	146,763	0	192.00
192.01 19201 OTHER NRCC	0	87,072	360,129	447,201	495	192.01
192.02 19202 LTC	0	0	16,256	16,256	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	0	28,923	5,474	34,397	384	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	886,080	8,707,795	14,599,855	24,193,730	243,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 6/15/2020 6:36 pm		
Cost Center Description				ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
				5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,105,812					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	237,094	0	792,383			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,321	0	12,390	190,135		8.00
9.00	00900	HOUSEKEEPING	90,502	0	3,131	8,025	158,401	9.00
10.00	01000	DIETARY	91,064	0	4,790	7,833	977	10.00
11.00	01100	CAFETERIA	8,225	0	27,170	0	5,540	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69,743	0	30,861	0	6,293	14.00
15.00	01500	PHARMACY	140,073	0	6,953	104	1,418	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	171,515	0	13,890	0	2,832	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	5,887	0	278	4	57	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	964,391	0	277,850	86,133	56,652	30.00
31.00	03100	INTENSIVE CARE UNIT	140,221	0	25,008	7,395	5,099	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	40,845	0	6,834	2,775	1,393	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	494,313	0	82,262	21,397	16,773	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	76,894	0	49,137	5,312	10,019	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	349,896	0	53,930	10,276	10,996	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	42,108	0	6,802	1,422	1,387	57.00
58.00	05800	MRI	29,798	0	3,112	2,352	635	58.00
59.00	05900	CARDIAC CATHETERIZATION	133,614	0	21,303	8,742	4,344	59.00
60.00	06000	LABORATORY	370,929	0	33,258	6	6,781	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	22,258	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	86,051	0	4,489	0	915	65.00
66.00	06600	PHYSICAL THERAPY	173,617	0	615	2,056	125	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,494	0	1,089	0	222	68.00
69.00	06900	ELECTROCARDIOLOGY	96,101	0	17,131	15	3,493	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,947	0	13,517	9	2,756	70.00
70.01	07001	SLEEP DISORDER	35,460	0	7,392	1,659	1,507	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	504,469	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	405,456	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	823,072	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	20,228	0	6,802	0	1,387	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	59,761	0	9,886	773	2,016	90.00
91.00	09100	EMERGENCY	191,583	0	54,729	23,204	11,159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	108,360	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,034,290	0	774,609	189,483	154,776	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,306	0	0	0	0	190.00
191.00	19100	RESEARCH	2,436	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,571	0	6,173	650	1,259	192.00
192.01	19201	OTHER NRCC	24,664	0	8,708	2	1,776	192.01
192.02	19202	LTC	522	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	32,023	0	2,893	0	590	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,105,812	0	792,383	190,135	158,401	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 6/15/2020 6:36 pm		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	350,072					10.00
11.00	01100	CAFETERIA	0	312,598				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,809	0	0	604,667	14.00
15.00	01500	PHARMACY	0	10,248	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,103	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	407	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	310,601	102,750	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,008	13,007	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,960	3,570	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	494	33,181	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,782	6,481	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	397	15,131	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,028	0	0	0	57.00
58.00	05800	MRI	0	1,436	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	770	10,709	0	0	0	59.00
60.00	06000	LABORATORY	0	19,467	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,633	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	327	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	814	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,429	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	318	0	0	0	70.00
70.01	07001	SLEEP DISORDER	81	3,077	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	340,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	264,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,093	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7	2,442	0	0	0	90.00
91.00	09100	EMERGENCY	2,972	18,937	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	9,047	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	350,072	298,444	0	0	604,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	13,688	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	466	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	350,072	312,598	0	0	604,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 6/15/2020 6:36 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal
			15.00	16.00	17.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	321,173				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	410,567			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	13,113	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	365,874	0		6,935,663
31.00	03100	INTENSIVE CARE UNIT	0	0	0		629,904
32.00	03200	CORONARY CARE UNIT	0	0	0		0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0
40.00	04000	SUBPROVIDER - I PF	0	0	0		0
41.00	04100	SUBPROVIDER - I RF	0	0	0		0
42.00	04200	SUBPROVIDER	0	0	0		0
43.00	04300	NURSERY	0	0	0		192,596
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0
45.00	04500	NURSING FACILITY	0	0	0		0
46.00	04600	OTHER LONG TERM CARE	0	0	0		0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	26,815	0		3,623,329
51.00	05100	RECOVERY ROOM	0	0	0		0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		743,742
53.00	05300	ANESTHESIOLOGY	0	0	0		0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,490	0		2,447,447
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		0
56.00	05600	RADIOISOTOPE	0	0	0		0
57.00	05700	CT SCAN	0	0	0		339,184
58.00	05800	MRI	0	0	0		407,710
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		1,249,089
60.00	06000	LABORATORY	0	0	0		1,157,281
60.01	06001	BLOOD LABORATORY	0	0	0		0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		0
64.00	06400	INTRAVENOUS THERAPY	0	0	0		24,305
65.00	06500	RESPIRATORY THERAPY	0	2,086	0		262,781
66.00	06600	PHYSICAL THERAPY	0	1,490	0		263,155
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		0
68.00	06800	SPEECH PATHOLOGY	0	0	0		30,183
69.00	06900	ELECTROCARDIOLOGY	0	1,490	0		579,657
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		175,178
70.01	07001	SLEEP DISORDER	0	0	0		165,683
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		845,068
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		669,524
73.00	07300	DRUGS CHARGED TO PATIENTS	321,173	0	0		1,144,245
74.00	07400	RENAL DIALYSIS	0	0	0		0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		0
76.00	03950	NUTRITION/DIABETES	0	0	0		0
76.97	07697	CARDIAC REHABILITATION	0	0	0		123,802
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0
90.00	09000	CLINIC	0	0	0		182,885
91.00	09100	EMERGENCY	0	11,322	0		1,084,345
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		0
95.00	09500	AMBULANCE SERVICES	0	0	0		0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

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Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
99.00	09900	CMHC	0	0	0		0	99.00
99.10	09910	CORF	0	0	0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		150,466	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0		0	105.00
106.00	10600	HEART ACQUISITION	0	0	0		0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0		0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		0	115.00
116.00	11600	HOSPICE	0	0	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	321,173	410,567	0	0	23,427,222	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		3,306	190.00
191.00	19100	RESEARCH	0	0	0		2,608	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		163,416	192.00
192.01	19201	OTHER NRCC	0	0	0		496,534	192.01
192.02	19202	LTC	0	0	0		16,778	192.02
193.00	19300	NONPAID WORKERS	0	0	0		0	193.00
194.00	07950	MARKETING	0	0	0		70,753	194.00
200.00		Cross Foot Adjustments				13,113	13,113	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	321,173	410,567	0	13,113	24,193,730	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

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Part II
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,935,663	30.00
31.00	03100	INTENSIVE CARE UNIT	629,904	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	192,596	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	3,623,329	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	743,742	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,447,447	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	339,184	57.00
58.00	05800	MRI	407,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,249,089	59.00
60.00	06000	LABORATORY	1,157,281	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	24,305	64.00
65.00	06500	RESPIRATORY THERAPY	262,781	65.00
66.00	06600	PHYSICAL THERAPY	263,155	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	30,183	68.00
69.00	06900	ELECTROCARDIOLOGY	579,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	175,178	70.00
70.01	07001	SLEEP DISORDER	165,683	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	845,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	669,524	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,144,245	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION/DIABETES	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,802	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	182,885	90.00
91.00	09100	EMERGENCY	1,084,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B
Part II
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	150,466	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	23,427,222	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,306	190.00
191.00	19100 RESEARCH	0	2,608	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	163,416	192.00
192.01	19201 OTHER NRCC	0	496,534	192.01
192.02	19202 LTC	0	16,778	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	70,753	194.00
200.00	Cross Foot Adjustments	0	13,113	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	24,193,730	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	460,034				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		14,298,334			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,146	50,483	89,553,515		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,421	4,633,772	9,555,651	-47,498,899	201,663,489
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,900	410,733	1,943,902	0	7,830,823
8.00 00800	LAUNDRY & LINEN SERVICE	6,545	19,879	87,605	0	1,100,524
9.00 00900	HOUSEKEEPING	1,654	20,294	1,732,755	0	2,989,139
10.00 01000	DIETARY	2,530	187,327	2,294,790	0	3,007,683
11.00 01100	CAFETERIA	14,352	0	0	0	271,663
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	16,302	174,894	1,031,088	0	2,303,484
15.00 01500	PHARMACY	3,673	81,639	3,489,466	0	4,626,377
16.00 01600	MEDICAL RECORDS & LIBRARY	7,337	51,748	4,231,113	0	5,664,846
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	147	3,278	128,640	0	194,436
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	146,772	1,894,542	21,588,228	0	31,850,817
31.00 03100	INTENSIVE CARE UNIT	13,210	159,295	3,112,098	0	4,631,258
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	3,610	59,144	917,498	0	1,349,048
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,454	2,060,956	7,777,242	0	16,326,367
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	25,956	87,708	1,562,164	0	2,539,672
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,488	1,420,742	5,657,905	0	11,556,498
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	3,593	210,241	644,032	0	1,390,769
58.00 05800	MRI	1,644	331,241	379,364	0	984,168
59.00 05900	CARDIAC CATHETERIZATION	11,253	832,064	2,570,972	0	4,413,037
60.00 06000	LABORATORY	17,568	376,071	3,787,020	0	12,251,189
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	318	632,950	0	735,156
65.00 06500	RESPIRATORY THERAPY	2,371	107,182	1,943,064	0	2,842,109
66.00 06600	PHYSICAL THERAPY	325	67,340	3,681,244	0	5,734,275
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	575	5,898	242,004	0	346,614
69.00 06900	ELECTROCARDIOLOGY	9,049	272,587	1,977,122	0	3,174,075
70.00 07000	ELECTROENCEPHALOGRAPHY	7,140	15,990	59,934	0	229,455
70.01 07001	SLEEP DISORDER	3,905	39,821	709,580	0	1,171,172
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,661,774
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,391,558
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,184,731
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	3,593	24,585	433,604	0	668,088
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	5,222	7,675	484,445	0	1,973,819
91.00 09100	EMERGENCY	28,910	208,011	3,976,251	0	6,327,668
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	25,623	2,535,465	0	3,578,957	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	450,645	13,841,081	89,167,196	-47,498,899	199,301,249	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	109,205	190.00
191.00 19100 RESEARCH	0	0	63,181	0	80,464	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,261	83,281	0	0	283,082	192.00
192.01 19201 OTHER NRCC	4,600	352,691	181,897	0	814,596	192.01
192.02 19202 LTC	0	15,920	0	0	17,229	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	1,528	5,361	141,241	0	1,057,664	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,707,795	14,599,855	21,902,105		47,498,899	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.928590	1.021088	0.244570		0.235535	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			243,597		6,105,812	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002720		0.030277	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: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		418,567				7.00
8.00	00800		6,545	1,552,324			8.00
9.00	00900	0	1,654	65,520	410,368		9.00
10.00	01000		2,530	63,950	2,530	159,585	10.00
11.00	01100		14,352	0	14,352	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	16,302	0	16,302	0	14.00
15.00	01500	0	3,673	853	3,673	0	15.00
16.00	01600	0	7,337	0	7,337	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	147	34	147	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	146,772	703,198	146,772	141,592	30.00
31.00	03100	0	13,210	60,375	13,210	8,209	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	3,610	22,657	3,610	2,717	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	43,454	174,690	43,454	225	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	25,956	43,370	25,956	4,915	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	28,488	83,900	28,488	181	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	3,593	11,609	3,593	0	57.00
58.00	05800	0	1,644	19,200	1,644	0	58.00
59.00	05900	0	11,253	71,376	11,253	351	59.00
60.00	06000	0	17,568	53	17,568	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	2,371	0	2,371	0	65.00
66.00	06600	0	325	16,786	325	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	575	0	575	0	68.00
69.00	06900	0	9,049	125	9,049	0	69.00
70.00	07000	0	7,140	0	7,140	0	70.00
70.01	07001	0	3,905	13,544	3,905	37	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	3,593	0	3,593	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	5,222	6,314	5,222	3	90.00
91.00	09100	0	28,910	189,444	28,910	1,355	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	409,178	1,546,998	400,979	159,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,261	5,310	3,261	0	192.00
192.01	19201	OTHER NRCC	0	4,600	16	4,600	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	1,528	0	1,528	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	9,675,256	1,511,025	3,795,196	3,860,226	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	23.115191	0.973395	9.248275	24.189153	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	792,383	190,135	158,401	350,072	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.893085	0.122484	0.385997	2.193640	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: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,490,545					11.00
12.00	01200	0	0				12.00
13.00	01300	0	0	0			13.00
14.00	01400	62,217	0	0	30,664,197		14.00
15.00	01500	81,645	0	0	0	100	15.00
16.00	01600	152,202	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	3,244	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	818,629	0	0	0	0	30.00
31.00	03100	103,632	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	28,444	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	264,361	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	51,636	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	120,550	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	24,124	0	0	0	0	57.00
58.00	05800	11,439	0	0	0	0	58.00
59.00	05900	85,318	0	0	0	0	59.00
60.00	06000	155,100	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	76,748	0	0	0	0	65.00
66.00	06600	2,609	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	6,489	0	0	0	0	68.00
69.00	06900	51,220	0	0	0	0	69.00
70.00	07000	2,536	0	0	0	0	70.00
70.01	07001	24,518	0	0	0	0	70.01
71.00	07100	0	0	0	17,272,639	0	71.00
72.00	07200	0	0	0	13,391,558	0	72.00
73.00	07300	0	0	0	0	100	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	8,712	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	19,453	0	0	0	0	90.00
91.00	09100	150,875	0	0	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	72,076	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,377,777	0	0	30,664,197	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NRCC	109,054	0	0	0	0	192.01
192.02	19202 LTC	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MARKETING	3,714	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	800,129	0	0	3,393,612	5,861,982	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.321267	0.000000	0.000000	0.110670	58,619.820000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	312,598	0	0	604,667	321,173	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.125514	0.000000	0.000000	0.019719	3,211.730000	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: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,378		16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	100
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,228	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0
45.00	04500	NURSING FACILITY	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	90	0	0
51.00	05100	RECOVERY ROOM	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0
57.00	05700	CT SCAN	0	0	0
58.00	05800	MRI	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	7	0	0
66.00	06600	PHYSICAL THERAPY	5	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0
70.01	07001	SLEEP DISORDER	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100
74.00	07400	RENAL DIALYSIS	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
76.00	03950	NUTRITION/DIABETES	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000	CLINIC	0	0	0
91.00	09100	EMERGENCY	38	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)		
		16.00	17.00	23.00		
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900 CMHC	0	0	0		99.00
99.10	09910 CORF	0	0	0		99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600 HEART ACQUISITION	0	0	0		106.00
107.00	10700 LIVER ACQUISITION	0	0	0		107.00
108.00	10800 LUNG ACQUISITION	0	0	0		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100 ISLET ACQUISITION	0	0	0		111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600 HOSPICE	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,378	0	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201 OTHER NRCC	0	0	0		192.01
192.02	19202 LTC	0	0	0		192.02
193.00	19300 NONPAID WORKERS	0	0	0		193.00
194.00	07950 MARKETING	0	0	0		194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,285,464	0	246,064		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5,286.984035	0.000000	2,460.640000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	410,567	0	13,113		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	297.944122	0.000000	131.130000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,967,825		54,967,825	39,709	55,007,534	30.00
31.00	03100	INTENSIVE CARE UNIT	6,440,235		6,440,235	0	6,440,235	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,880,542		1,880,542	0	1,880,542	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,314,365		22,314,365	0	22,314,365	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,155,575		4,155,575	0	4,155,575	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,351,639		15,351,639	0	15,351,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,853,676		1,853,676	0	1,853,676	57.00
58.00	05800	MRI	1,291,543		1,291,543	0	1,291,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,922,025		5,922,025	0	5,922,025	59.00
60.00	06000	LABORATORY	15,755,216		15,755,216	0	15,755,216	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	908,311		908,311	0	908,311	64.00
65.00	06500	RESPIRATORY THERAPY	3,649,925	0	3,649,925	0	3,649,925	65.00
66.00	06600	PHYSICAL THERAPY	7,139,027	0	7,139,027	0	7,139,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	448,948	0	448,948	0	448,948	68.00
69.00	06900	ELECTROCARDIOLOGY	4,257,550		4,257,550	0	4,257,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	515,390		515,390	0	515,390	70.00
70.01	07001	SLEEP DISORDER	1,595,360		1,595,360	0	1,595,360	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,497,773		22,497,773	0	22,497,773	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,027,783		18,027,783	0	18,027,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,695,733		39,695,733	0	39,695,733	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	944,527		944,527	0	944,527	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,620,193		2,620,193	0	2,620,193	90.00
91.00	09100	EMERGENCY	9,220,239		9,220,239	0	9,220,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,221,578		9,221,578	0	9,221,578	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,445,083		4,445,083	0	4,445,083	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE	Total Costs		
					Disallowance			
1.00	2.00	3.00	4.00	5.00				
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	0	255,120,061	39,709	255,159,770	200.00	
201.00		Less Observation Beds		9,221,578		9,221,578	201.00	
202.00		Total (see instructions)	0	245,898,483	39,709	245,938,192	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			9.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	51,537,035		51,537,035	30.00
31.00	03100	INTENSIVE CARE UNIT	5,424,420		5,424,420	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	2,886,385		2,886,385	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70,599,029	82,617,267	153,216,296	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,152,004	2,788,244	9,940,248	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,694,812	53,335,113	73,029,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	17,287,082	32,325,709	49,612,791	57.00
58.00	05800	MRI	7,707,471	20,578,164	28,285,635	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,475,443	67,542,701	126,018,144	59.00
60.00	06000	LABORATORY	53,446,167	68,294,436	121,740,603	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	224,224	3,602,433	3,826,657	64.00
65.00	06500	RESPIRATORY THERAPY	20,051,370	3,361,280	23,412,650	65.00
66.00	06600	PHYSICAL THERAPY	6,711,288	26,646,158	33,357,446	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,065,916	346,691	1,412,607	68.00
69.00	06900	ELECTROCARDIOLOGY	13,465,373	28,582,502	42,047,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,689	712,508	843,197	70.00
70.01	07001	SLEEP DISORDER	166,691	9,009,075	9,175,766	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,281,794	13,277,100	29,558,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,606,768	7,054,397	20,661,165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,077,583	107,729,030	170,806,613	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,848,483	1,848,483	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	886,384	7,185,079	8,071,463	90.00
91.00	09100	EMERGENCY	16,443,901	40,322,698	56,766,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,846,963	9,180,076	11,027,039	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	5,573,734	5,573,734	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00			
200.00	Subtotal (see instructions)	448,168,792	591,912,878	1,040,081,670			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	448,168,792	591,912,878	1,040,081,670			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 6/15/2020 6:36 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.145640		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.418055		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210210		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.037363		57.00
58.00	05800	MRI	0.045661		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046993		59.00
60.00	06000	LABORATORY	0.129416		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.237364		64.00
65.00	06500	RESPIRATORY THERAPY	0.155895		65.00
66.00	06600	PHYSICAL THERAPY	0.214016		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.317815		68.00
69.00	06900	ELECTROCARDIOLOGY	0.101255		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.611233		70.00
70.01	07001	SLEEP DISORDER	0.173867		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.761117		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.872544		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232402		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.510974		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.324624		90.00
91.00	09100	EMERGENCY	0.162424		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.836270		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part I Date/Time Prepared: 6/15/2020 6:36 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,935,663	0	6,935,663	58,416	118.73	30.00
31.00	INTENSIVE CARE UNIT	629,904		629,904	4,555	138.29	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	192,596		192,596	2,731	70.52	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	7,758,163		7,758,163	65,702		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	25,417	3,017,760				
31.00	INTENSIVE CARE UNIT	2,189	302,717				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	27,606	3,320,477				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part II Date/Time Prepared: 6/15/2020 6:36 pm
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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)	Hospital 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	3,623,329	153,216,296	0.023648	34,614,645	818,567	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	743,742	9,940,248	0.074821	8,479	634	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,447,447	73,029,925	0.033513	8,848,474	296,539	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	339,184	49,612,791	0.006837	9,240,765	63,179	57.00
58.00	05800 MRI	407,710	28,285,635	0.014414	4,027,683	58,055	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,249,089	126,018,144	0.009912	23,066,682	228,637	59.00
60.00	06000 LABORATORY	1,157,281	121,740,603	0.009506	27,703,026	263,345	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	24,305	3,826,657	0.006351	52,623	334	64.00
65.00	06500 RESPIRATORY THERAPY	262,781	23,412,650	0.011224	11,165,419	125,321	65.00
66.00	06600 PHYSICAL THERAPY	263,155	33,357,446	0.007889	3,651,439	28,806	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	30,183	1,412,607	0.021367	654,624	13,987	68.00
69.00	06900 ELECTROCARDIOLOGY	579,657	42,047,875	0.013786	11,481,235	158,280	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	175,178	843,197	0.207755	81,661	16,965	70.00
70.01	07001 SLEEP DISORDER	165,683	9,175,766	0.018057	109,487	1,977	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	845,068	29,558,894	0.028589	7,533,125	215,365	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	669,524	20,661,165	0.032405	6,957,505	225,458	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,144,245	170,806,613	0.006699	31,766,356	212,803	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	123,802	1,848,483	0.066975	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	182,885	8,071,463	0.022658	301,533	6,832	90.00
91.00	09100 EMERGENCY	1,084,345	56,766,599	0.019102	8,679,738	165,800	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,162,712	11,027,039	0.105442	1,028,970	108,497	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	16,681,305	974,660,096		190,973,469	3,009,381	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part III Date/Time Prepared: 6/15/2020 6:36 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,416	0.00	25,417	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,555	0.00	2,189	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	2,731	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30 through 199)	65,702		27,606	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
200.00		Total (lines 30 through 199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 6/15/2020 6:36 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP DISORDER	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	246,064	0	246,064
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	246,064	0	246,064

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 6/15/2020 6:36 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col.s. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	153,216,296	0.000000	0.000000	34,614,645	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,940,248	0.000000	0.000000	8,479	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,029,925	0.000000	0.000000	8,848,474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	49,612,791	0.000000	0.000000	9,240,765	57.00
58.00	05800	MRI	0	28,285,635	0.000000	0.000000	4,027,683	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	126,018,144	0.000000	0.000000	23,066,682	59.00
60.00	06000	LABORATORY	0	121,740,603	0.000000	0.000000	27,703,026	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,826,657	0.000000	0.000000	52,623	64.00
65.00	06500	RESPIRATORY THERAPY	0	23,412,650	0.000000	0.000000	11,165,419	65.00
66.00	06600	PHYSICAL THERAPY	0	33,357,446	0.000000	0.000000	3,651,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,412,607	0.000000	0.000000	654,624	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,047,875	0.000000	0.000000	11,481,235	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	843,197	0.000000	0.000000	81,661	70.00
70.01	07001	SLEEP DISORDER	0	9,175,766	0.000000	0.000000	109,487	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	29,558,894	0.000000	0.000000	7,533,125	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,661,165	0.000000	0.000000	6,957,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,064	170,806,613	0.001441	0.001441	31,766,356	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,848,483	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	8,071,463	0.000000	0.000000	301,533	90.00
91.00	09100	EMERGENCY	0	56,766,599	0.000000	0.000000	8,679,738	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,027,039	0.000000	0.000000	1,028,970	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50 through 199)	246,064	974,660,096			190,973,469	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 6/15/2020 6:36 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,343,914	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	28,531,937	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	10,572,345	0	0	0	57.00
58.00	05800 MRI	0	6,193,473	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	26,231,032	0	0	0	59.00
60.00	06000 LABORATORY	0	11,092,622	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,390,103	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,134,586	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	98,039	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	17,811	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,237,618	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	157,839	0	0	0	70.00
70.01	07001 SLEEP DISORDER	0	2,889,166	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,084,022	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,119,904	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	45,775	42,225,319	60,847	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	846,672	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	3,564,409	0	0	0	90.00
91.00	09100 EMERGENCY	0	8,769,708	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,469,026	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50 through 199)	45,775	180,969,545	60,847	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 6/15/2020 6:36 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP DISORDER	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.145640	17,343,914	0	0	2,525,968	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.418055	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210210	28,531,937	0	0	5,997,698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.037363	10,572,345	0	0	395,015	57.00
58.00	05800	MRI	0.045661	6,193,473	0	0	282,800	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046993	26,231,032	0	0	1,232,675	59.00
60.00	06000	LABORATORY	0.129416	11,092,622	0	0	1,435,563	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.237364	1,390,103	0	0	329,960	64.00
65.00	06500	RESPIRATORY THERAPY	0.155895	1,134,586	0	0	176,876	65.00
66.00	06600	PHYSICAL THERAPY	0.214016	98,039	0	0	20,982	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.317815	17,811	0	0	5,661	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101255	10,237,618	0	0	1,036,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.611233	157,839	0	0	96,476	70.00
70.01	07001	SLEEP DISORDER	0.173867	2,889,166	0	0	502,331	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.761117	4,084,022	0	0	3,108,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.872544	3,119,904	0	0	2,722,254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232402	42,225,319	0	245,573	9,813,249	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.510974	846,672	0	0	432,627	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.324624	3,564,409	0	0	1,157,093	90.00
91.00	09100	EMERGENCY	0.162424	8,769,708	0	0	1,424,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.836270	2,469,026	0	0	2,064,772	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		180,969,545	0	245,573	34,761,440	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		180,969,545	0	245,573	34,761,440	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP DISORDER	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	57,072		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	0	57,072		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	57,072		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/15/2020 6:36 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,416	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,416	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)		48,623	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		25,417	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		55,007,534	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		55,007,534	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)		55,007,534	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)		941.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,933,918	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)		23,933,918	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 6/15/2020 6:36 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,440,235	4,555	1,413.88	2,189	3,094,983	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				37,632,404		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				64,661,305		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)				3,320,477		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				3,055,156		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				6,375,633		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				58,285,672		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				9,793		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				941.65		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				9,221,578		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 6/15/2020 6:36 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,935,663	55,007,534	0.126086	9,221,578	1,162,712	90.00
91.00	Nursing School cost	0	55,007,534	0.000000	9,221,578	0	91.00
92.00	Allied health cost	0	55,007,534	0.000000	9,221,578	0	92.00
93.00	All other Medical Education	0	55,007,534	0.000000	9,221,578	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 6/15/2020 6:36 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,211,953	30.00
31.00	03100	INTENSIVE CARE UNIT		3,880,898	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145640	34,614,645	5,041,277 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.418055	8,479	3,545 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210210	8,848,474	1,860,038 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.037363	9,240,765	345,263 57.00
58.00	05800	MRI	0.045661	4,027,683	183,908 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046993	23,066,682	1,083,973 59.00
60.00	06000	LABORATORY	0.129416	27,703,026	3,585,215 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.237364	52,623	12,491 64.00
65.00	06500	RESPIRATORY THERAPY	0.155895	11,165,419	1,740,633 65.00
66.00	06600	PHYSICAL THERAPY	0.214016	3,651,439	781,466 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.317815	654,624	208,049 68.00
69.00	06900	ELECTROCARDIOLOGY	0.101255	11,481,235	1,162,532 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.611233	81,661	49,914 70.00
70.01	07001	SLEEP DISORDER	0.173867	109,487	19,036 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.761117	7,533,125	5,733,590 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.872544	6,957,505	6,070,729 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232402	31,766,356	7,382,565 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.510974	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.324624	301,533	97,885 90.00
91.00	09100	EMERGENCY	0.162424	8,679,738	1,409,798 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.836270	1,028,970	860,497 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		190,973,469	37,632,404 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		190,973,469	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		54,584,100	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		705,807	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		193.32	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.20	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.33	31.00
32.00	Sum of lines 30 and 31		19.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.44	33.00
34.00	Disproportionate share adjustment (see instructions)		742,344	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	5,977,483,147 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000274158	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	1,638,778	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	1,504,084	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,504,084		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	57,536,335		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		57,536,335	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,626,756	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		3,821	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		45,775	58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,212,687	59.00
60.00	Primary payer payments		118,268	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,094,419	61.00
62.00	Deductibles billed to program beneficiaries		5,594,372	62.00
63.00	Coinurance billed to program beneficiaries		70,266	63.00
64.00	Allowable bad debts (see instructions)		632,039	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		410,825	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		159,105	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		56,840,606	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		140,589	70.93
70.94	HRR adjustment amount (see instructions)		-327,531	70.94
70.95	Recovery of accelerated depreciation		0	70.95

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		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			56,653,664	71.00
71.01	Sequestration adjustment (see instructions)			1,133,073	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			55,469,210	72.00
73.00	Tentative settlement (for contractor use only)			147,656	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-96,275	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			74,167	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
100.00	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)				0
101.00	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
103.00	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 6/15/2020 6:36 pm	
		PPS					
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.20	4.20	4.20	0.00	4.20	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	15.33	15.33			15.33	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	19.53	19.53			19.53	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban	Urban			Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	193.32	193.32			193.32	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	5.44	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes	Yes			Yes	7.00
8.00	S-2, Line 22	Yes	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes	Yes			No	9.00
10.00	S-2, Line 45	Yes	Yes			Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.20	4.20	4.20	0.00	4.20	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No	No			No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	853	853			853	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	519	519			519	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	293	293			293	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	307	307			307	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	6,455	6,455			6,455	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	207	207			207	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	8,634	8,634			8,634	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	55,909	55,909			55,909	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	426	426			426	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	56,335	56,335			56,335	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	15.33	15.33			15.33	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet DSH Date/Time Prepared: 6/15/2020 6:36 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00	False	0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.44	True	5.44	True	29.00
30.00	Line 28 or 29 as applicable		5.44		5.44		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False	False			False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False	False			False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False	False			False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False	False			False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban	Urban			Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet DSH Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.44		29.00
30.00	Line 28 or 29 as applicable	5.44		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/15/2020 6:36 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	54,584,100	0	0	54,584,100	54,584,100	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	705,807	0	0	0	0	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0544	0.0544	0.0544	0.0544	0.0544	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	742,344	0	0	742,344	742,344	11.00
11.01	Uncompensated care payments	36.00	1,504,084	0	0	1,504,084	1,504,084	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	57,536,335	0	0	57,536,335	57,536,335	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	57,536,335	0	0	57,536,335	57,536,335	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,626,756	0	0	4,626,756	4,626,756	16.00
17.00	Special add-on payments for new technologies	54.00	3,821	0	0	3,821	3,821	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/15/2020 6:36 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	62,166,912	62,166,912	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,378,882	0	0	4,378,882	4,378,882	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	71,405	0	0	71,405	71,405	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0403	0.0403	0.0403	0.0403		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	176,469	0	0	176,469	176,469	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,626,756	0	0	4,626,756	4,626,756	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/15/2020 6:36 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	54,584,100		54,584,100	54,584,100	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	705,807	0	0	0	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0544	0.0544	0.0544		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	742,344	0	742,344	742,344	11.00
11.01	Uncompensated care payments	36.00	1,504,084	0	1,504,084	1,504,084	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	57,536,335	0	57,536,335	57,536,335	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	57,536,335	0	57,536,335	57,536,335	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,626,756	0	4,626,756	4,626,756	16.00
17.00	Special add-on payments for new technologies	54.00	3,821	0	3,821	3,821	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	62,166,912	62,166,912	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,378,882	0	4,378,882	4,378,882	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	71,405	0	71,405	71,405	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0403	0.0403	0.0403		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	176,469	0	176,469	176,469	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,626,756	0	4,626,756	4,626,756	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	140,589	0	140,589	140,589	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-327,531	0	-327,531	-327,531	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57,072	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,700,593	2.00
3.00	OPPS payments		33,249,272	3.00
4.00	Outlier payment (see instructions)		38,389	4.00
4.01	Outlier reconciliation amount (see instructions)			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		60,847	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57,072	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		245,573	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)		245,573	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 charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		245,573	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		188,501	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)		57,072	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)		33,348,508	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,443,496	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)		26,962,084	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)		26,962,084	30.00
31.00	Primary payer payments		56,219	31.00
32.00	Subtotal (line 30 minus line 31)		26,905,865	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,154,537	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		750,449	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		696,069	36.00
37.00	Subtotal (see instructions)		27,656,314	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,473	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		27,653,841	40.00
40.01	Sequestration adjustment (see instructions)		553,077	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		26,975,925	41.00
42.00	Tentative settlement (for contractors use only)		146,949	42.00
43.00	Balance due provider/program (see instructions)		-22,110	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)		37,760	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 6/15/2020 6:36 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
6/15/2020 6:36 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		55,399,810		26,887,225	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	04/12/2017	69,400	04/12/2017	88,700	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		69,400		88,700	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)		55,469,210		26,975,925	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	02/28/2018	124,215	02/28/2018	146,949	5.01	
5.02		07/09/2019	23,441		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)		147,656		146,949	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		96,275		22,110	6.02	
7.00	Total Medicare program liability (see instructions)		55,520,591		27,100,764	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Wisconsin Physician Services		08001			8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet E-1 Part II Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

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

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet G

Date/Time Prepared:
6/15/2020 6:36 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	35,493,085	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	55,432,343	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,294,717	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	25,302,944	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)	120,523,089	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,985,614	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	125,756,787	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	40,303,126	0	0	0	23.00
24.00	Accumulated depreciation	-18,538,075	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	150,507,452	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	12,514,774	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,514,774	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	283,545,315	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,157,857	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,116,050	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,296,731	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,765,792	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,336,430	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	90,130,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	148,403,229	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	238,533,229	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	281,869,659	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,675,656				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)	1,675,656	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	283,545,315	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet G-1

Date/Time Prepared:
6/15/2020 6:36 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		0		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		302,805			2.00
3.00	Total (sum of line 1 and line 2)		302,805		0	3.00
4.00	TO ADJUST FUND BALANCE	1,372,851		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,372,851		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,675,656		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,675,656		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	TO ADJUST FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/15/2020 6:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	51,537,035		51,537,035	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	51,537,035		51,537,035	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,424,421		5,424,421	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,424,421		5,424,421	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	56,961,456		56,961,456	17.00
18.00	Ancillary services	372,692,250	537,060,596	909,752,846	18.00
19.00	Outpatient services	18,290,864	49,502,774	67,793,638	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		5,573,734	5,573,734	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	447,944,570	592,137,104	1,040,081,674	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		255,631,786		29.00
30.00	OTHER REGIONAL EXPENSES	18,995,716			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)		18,995,716		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)		274,627,502		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

Period:
From 10/01/2016
To 08/31/2017

Worksheet G-3

Date/Time Prepared:
6/15/2020 6:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,040,081,674	1.00
2.00	Less contractual allowances and discounts on patients' accounts	767,731,416	2.00
3.00	Net patient revenues (line 1 minus line 2)	272,350,258	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	274,627,502	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,277,244	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	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	2,580,049	24.00
25.00	Total other income (sum of lines 6-24)	2,580,049	25.00
26.00	Total (line 5 plus line 25)	302,805	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)	302,805	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0044

Period: From 10/01/2016 To 08/31/2017

Worksheet H

HHA CCN: 15-7152

Date/Time Prepared: 6/15/2020 6:36 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		2,874	2,874	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	163,429	0	0	163,429	4.00
5.00	Administrative and General	2,535,465	0	21,469	663,416	3,220,350	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	74,756	74,756	12.00
13.00	Drugs	0	0	0	319	319	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,535,465	163,429	21,469	741,365	3,461,728	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	2,874	0	2,874		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	163,429	0	163,429		4.00
5.00	Administrative and General	-1,893,675	1,326,675	-529,033	797,642		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	994,470	994,470	0	994,470		6.00
7.00	Physical Therapy	644,413	644,413	0	644,413		7.00
8.00	Occupational Therapy	153,772	153,772	0	153,772		8.00
9.00	Speech Pathology	59,184	59,184	0	59,184		9.00
10.00	Medical Social Services	1,799	1,799	0	1,799		10.00
11.00	Home Health Aide	40,037	40,037	0	40,037		11.00
12.00	Supplies (see instructions)	0	74,756	0	74,756		12.00
13.00	Drugs	0	319	0	319		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	3,461,728	-529,033	2,932,695		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

6/15/2020 6:36 pm F:\Fild\150044\150044.08312017.F0.mca

Amended

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet H-1 Part I Date/Time Prepared: 6/15/2020 6:36 pm
		HHA CCN: 15-7152	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	2,874		2,874		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	163,429	0	0	163,429	0	4.00
5.00	Administrative and General	797,642	0	2,874	0	800,516	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	994,470	0	0	77,732	1,072,202	6.00
7.00	Physical Therapy	644,413	0	0	56,329	700,742	7.00
8.00	Occupational Therapy	153,772	0	0	13,799	167,571	8.00
9.00	Speech Pathology	59,184	0	0	2,945	62,129	9.00
10.00	Medical Social Services	1,799	0	0	144	1,943	10.00
11.00	Home Health Aide	40,037	0	0	12,480	52,517	11.00
12.00	Supplies (see instructions)	74,756	0	0	0	74,756	12.00
13.00	Drugs	319	0	0	0	319	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,932,695	0	2,874	163,429	2,932,695	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	800,516					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	402,553	1,474,755				6.00
7.00	Physical Therapy	263,090	963,832				7.00
8.00	Occupational Therapy	62,914	230,485				8.00
9.00	Speech Pathology	23,326	85,455				9.00
10.00	Medical Social Services	729	2,672				10.00
11.00	Home Health Aide	19,717	72,234				11.00
12.00	Supplies (see instructions)	28,067	102,823				12.00
13.00	Drugs	120	439				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,932,695				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0044

Period: From 10/01/2016

Worksheet H-1

HHA CCN: 15-7152

To 08/31/2017

Part II
Date/Time Prepared:
6/15/2020 6:36 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		2,874		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	27,252		4.00
5.00	Administrative and General	0	2,874	0	0	-800,516	2,132,179
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	12,962	0	1,072,202
7.00	Physical Therapy	0	0	0	9,393	0	700,742
8.00	Occupational Therapy	0	0	0	2,301	0	167,571
9.00	Speech Pathology	0	0	0	491	0	62,129
10.00	Medical Social Services	0	0	0	24	0	1,943
11.00	Home Health Aide	0	0	0	2,081	0	52,517
12.00	Supplies (see instructions)	0	0	0	0	0	74,756
13.00	Drugs	0	0	0	0	0	319
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	2,874	0	27,252	-800,516	2,132,179
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	2,874	0	163,429		800,516
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	5.996954		0.375445

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0044

Period: From 10/01/2016 To 08/31/2017

Worksheet H-2 Part I

HHA CCN: 15-7152

Date/Time Prepared: 6/15/2020 6:36 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	0	26,163	156,963	183,126	43,133	1.00	
2.00 Skilled Nursing Care	1,474,755	0	0	243,217	1,717,972	404,644	2.00	
3.00 Physical Therapy	963,832	0	0	157,604	1,121,436	264,137	3.00	
4.00 Occupational Therapy	230,485	0	0	37,608	268,093	63,145	4.00	
5.00 Speech Pathology	85,455	0	0	14,475	99,930	23,537	5.00	
6.00 Medical Social Services	2,672	0	0	440	3,112	733	6.00	
7.00 Home Health Aide	72,234	0	0	9,792	82,026	19,320	7.00	
8.00 Supplies (see instructions)	102,823	0	0	0	102,823	24,218	8.00	
9.00 Drugs	439	0	0	0	439	103	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	2,932,695	0	26,163	620,099	3,578,957	842,970	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	6.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	0	0	0	0	0	7,134	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	8,798	2.00	
3.00 Physical Therapy	0	0	0	0	0	4,557	3.00	
4.00 Occupational Therapy	0	0	0	0	0	1,275	4.00	
5.00 Speech Pathology	0	0	0	0	0	431	5.00	
6.00 Medical Social Services	0	0	0	0	0	21	6.00	
7.00 Home Health Aide	0	0	0	0	0	940	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	23,156	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0044		Period: From 10/01/2016 To 08/31/2017		Worksheet H-2 Part I Date/Time Prepared: 6/15/2020 6:36 pm		
		HHA CCN: 15-7152		Home Health Agency I		PPS		
Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	233,393	0	233,393			1.00
2.00	Skilled Nursing Care	0	2,131,414	0	2,131,414	118,113	2,249,527	2.00
3.00	Physical Therapy	0	1,390,130	0	1,390,130	77,035	1,467,165	3.00
4.00	Occupational Therapy	0	332,513	0	332,513	18,427	350,940	4.00
5.00	Speech Pathology	0	123,898	0	123,898	6,866	130,764	5.00
6.00	Medical Social Services	0	3,866	0	3,866	214	4,080	6.00
7.00	Home Health Aide	0	102,286	0	102,286	5,668	107,954	7.00
8.00	Supplies (see instructions)	0	127,041	0	127,041	7,040	134,081	8.00
9.00	Drugs	0	542	0	542	30	572	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	4,445,083	0	4,445,083	233,393	4,445,083	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.055416		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 10/01/2016 To 08/31/2017	Worksheet H-2 Part II Date/Time Prepared: 6/15/2020 6:36 pm PPS
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	25,623	641,790	0	183,126	0	1.00
2.00 Skilled Nursing Care	0	0	994,470	0	1,717,972	0	2.00
3.00 Physical Therapy	0	0	644,413	0	1,121,436	0	3.00
4.00 Occupational Therapy	0	0	153,772	0	268,093	0	4.00
5.00 Speech Pathology	0	0	59,184	0	99,930	0	5.00
6.00 Medical Social Services	0	0	1,799	0	3,112	0	6.00
7.00 Home Health Aide	0	0	40,037	0	82,026	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	102,823	0	8.00
9.00 Drugs	0	0	0	0	439	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	25,623	2,535,465		3,578,957	0	20.00
21.00 Total cost to be allocated	0	26,163	620,099		842,970	0	21.00
22.00 Unit cost multiplier	0.000000	1.021075	0.244570		0.235535	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	0	0	0	0	22,207	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	27,387	0	2.00
3.00 Physical Therapy	0	0	0	0	14,183	0	3.00
4.00 Occupational Therapy	0	0	0	0	3,968	0	4.00
5.00 Speech Pathology	0	0	0	0	1,340	0	5.00
6.00 Medical Social Services	0	0	0	0	64	0	6.00
7.00 Home Health Aide	0	0	0	0	2,927	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	72,076	0	20.00
21.00 Total cost to be allocated	0	0	0	0	23,156	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.321272	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0044
HHA CCN: 15-7152

Period:
From 10/01/2016
To 08/31/2017

Worksheet H-2
Part II
Date/Time Prepared:
6/15/2020 6:36 pm
PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00	17.00	23.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 10/01/2016 To 08/31/2017	Worksheet H-3 Part I Date/Time Prepared: 6/15/2020 6:36 pm
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		Title XVIII		Home Health Agency I	PPS
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Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,249,527		2,249,527	12,962	173.55	1.00
2.00	Physical Therapy	3.00	1,467,165	0	1,467,165	9,393	156.20	2.00
3.00	Occupational Therapy	4.00	350,940	0	350,940	2,301	152.52	3.00
4.00	Speech Pathology	5.00	130,764	0	130,764	491	266.32	4.00
5.00	Medical Social Services	6.00	4,080		4,080	24	170.00	5.00
6.00	Home Health Aide	7.00	107,954		107,954	2,081	51.88	6.00
7.00	Total (sum of lines 1-6)		4,310,430	0	4,310,430	27,252		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		31140	0	8,302		8.00
9.00	Physical Therapy		31140	0	5,605		9.00
10.00	Occupational Therapy		31140	0	1,480		10.00
11.00	Speech Pathology		31140	0	317		11.00
12.00	Medical Social Services		31140	0	20		12.00
13.00	Home Health Aide		31140	0	1,735		13.00
14.00	Total (sum of lines 8-13)			0	17,459		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	134,081	0	134,081	155,991	0.859543	15.00
16.00	Cost of Drugs	9.00	572	0	572	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	Ratio (col. 3 ÷ col. 4)
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	8,302		0	1,440,812	1.00
2.00	Physical Therapy	0	5,605		0	875,501	2.00
3.00	Occupational Therapy	0	1,480		0	225,730	3.00
4.00	Speech Pathology	0	317		0	84,423	4.00
5.00	Medical Social Services	0	20		0	3,400	5.00
6.00	Home Health Aide	0	1,735		0	90,012	6.00
7.00	Total (sum of lines 1-6)	0	17,459		0	2,719,878	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 10/01/2016 To 08/31/2017	Worksheet H-3 Part I Date/Time Prepared: 6/15/2020 6:36 pm	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B			Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	113,742	0	97,766	0	
16.00	Cost of Drugs		0	0	0	0	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,440,812					1.00
2.00	Physical Therapy	875,501					2.00
3.00	Occupational Therapy	225,730					3.00
4.00	Speech Pathology	84,423					4.00
5.00	Medical Social Services	3,400					5.00
6.00	Home Health Aide	90,012					6.00
7.00	Total (sum of lines 1-6)	2,719,878					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0044
HHA CCN: 15-7152

Period:
From 10/01/2016
To 08/31/2017

Worksheet H-3
Part II
Date/Time Prepared:
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Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.214016	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.317815	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.761117	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.232402	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 10/01/2016 To 08/31/2017	Worksheet H-4 Part I-11 Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	3,330	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-3,330
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,121,192
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	24,857
13.00	Total PPS Reimbursement - LUPA Episodes		0	73,323
14.00	Total PPS Reimbursement - PEP Episodes		0	36,174
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,285
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,775
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,257,276
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,257,276
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,257,276
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,257,276
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	-1,702
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,255,574
31.01	Sequestration adjustment (see instructions)		0	65,112
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,190,463
33.00	Tentative settlement (for contractor use only)		0	3,414
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-3,415
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0044
HHA CCN: 15-7152

Period:
From 10/01/2016
To 08/31/2017

Worksheet H-5
Date/Time Prepared:
6/15/2020 6:36 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,190,463	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,190,463	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0	02/28/2018	3,414	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		3,414	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		3,415	6.02
7.00	Total Medicare program liability (see instructions)		0		3,190,462	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor	Wisconsin Physician Services		08001		8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 10/01/2016 To 08/31/2017	Worksheet L Parts I-III Date/Time Prepared: 6/15/2020 6:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,378,882	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		71,405	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		160.01	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.20	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.33	8.00
9.00	Sum of lines 7 and 8		19.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.03	10.00
11.00	Disproportionate share adjustment (see instructions)		176,469	11.00
12.00	Total prospective capital payments (see instructions)		4,626,756	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00