

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet S Parts I-III Date/Time Prepared: 1/29/2019 4:11 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/29/2019 Time: 4:11 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

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 09/01/2017 and ending 08/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

VICE PRESIDENT OF FINANCE

 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	180,171	72,117	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	180,171	72,117	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 4:11 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)						09/01/2017	08/31/2018		20.00	
21.00	Type of Control (see instructions)						2		21.00		
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					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.			1,091	404	220	196	6,771	164	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 4:11 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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								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 Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

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

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

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		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	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.								109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N						110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 4:11 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:	223,233	47,338	750,000		
		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 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/29/2019 4:11 pm	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: BAPTIST HEALTHCARE SYSTEM, INC.	Contractor's Name: CIGNA		Contractor's Number: 15101	
142.00	Street: 2701 EASTPOINT PKWY	PO Box:			
143.00	City: LOUISVILLE	State: KY		Zip Code: 40223	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	Y
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					
				1.00	N
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.					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	N
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	N
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)					
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF				
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.					
				1.00	N
		Name	County	State	Zip Code
		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
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.					
				1.00	Y
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					
				1.00	0
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)					
				1.00	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)					
				1.00	9.99
				Beginni ng	Endi ng
				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)			01/01/2016	03/31/2016
				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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part II Date/Time Prepared: 1/29/2019 4:11 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 09/01/2017 To 08/31/2018	Worksheet S-2 Part II Date/Time Prepared: 1/29/2019 4:11 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
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		FINK	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:
From 09/01/2017
To 08/31/2018

Worksheet S-2
Part II
Date/Time Prepared:
1/29/2019 4:11 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2019 4:11 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	209	76,285	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	76,285	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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	82,125	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 09/01/2017
To 08/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2019 4:11 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)	24,584	946	47,645			1.00
2.00 HMO and other (see instructions)	7,475	7,591				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)	24,584	946	47,645			7.00
8.00 INTENSIVE CARE UNIT	2,536	92	4,602			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		53	2,640			13.00
14.00 Total (see instructions)	27,120	1,091	54,887	0.00	1,498.99	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	20,699	853	31,633	0.00	39.14	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)	0	0	520			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	1,538.13	27.00
28.00 Observation Bed Days		175	4,180			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	164	380			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 09/01/2017
To 08/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2019 4:11 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,236	211	13,271	1.00
2.00 HMO and other (see instructions)				1,466	2,187		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	6,236	211	13,271		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	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 09/01/2017
To 08/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
1/29/2019 4:11 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	91,906,083	0	91,906,083	3,205,821.16	28.67
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)		3,594,945	159,122	3,754,067	95,292.38	39.40
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,083,523	0	1,083,523	19,039.33	56.91
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		74,438	0	74,438	640.50	116.22
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		19,287,731	0	19,287,731	628,476.00	30.69
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)		29,336,532	0	29,336,532		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		924,931	0	924,931		
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)		4,384,330	0	4,384,330		
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	2,418,285	0	2,418,285	61,818.05	39.12
27.00	Administrative & General	5.00	2,784,935	-26,079	2,758,856	53,783.73	51.30

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
1/29/2019 4:11 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.)	94,725	0	94,725	367.75	257.58	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,172,174	0	2,172,174	86,230.75	25.19	30.00
31.00	Laundry & Linen Service	100,351	0	100,351	6,869.84	14.61	31.00
32.00	Housekeeping	1,983,757	0	1,983,757	128,867.63	15.39	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,482,260	0	2,482,260	144,904.61	17.13	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	521,682	0	521,682	32,750.59	15.93	39.00
40.00	Pharmacy	3,958,982	-159,122	3,799,860	87,528.71	43.41	40.00
41.00	Medical Records & Medical Records Library	3,284,864	0	3,284,864	98,078.16	33.49	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 09/01/2017
To 08/31/2018

Worksheet S-3
Part III
Date/Time Prepared:
1/29/2019 4:11 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	92,000,808	0	92,000,808	3,206,188.91	28.69	1.00
2.00	Excluded area salaries (see instructions)	3,594,945	159,122	3,754,067	95,292.38	39.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,405,863	-159,122	88,246,741	3,110,896.53	28.37	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,445,692	0	20,445,692	648,155.83	31.54	4.00
5.00	Subtotal wage-related costs (see inst.)	33,720,862	0	33,720,862	0.00	38.21	5.00
6.00	Total (sum of lines 3 thru 5)	142,572,417	-159,122	142,413,295	3,759,052.36	37.89	6.00
7.00	Total overhead cost (see instructions)	19,802,015	-185,201	19,616,814	701,199.82	27.98	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 1/29/2019 4:11 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		2,708,954	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,250	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		38,669	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)		16,300,386	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		134,289	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		481,577	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)		94	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		658,678	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		9,604,559	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		113,498	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		218,510	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,261,464	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 09/01/2017 To 08/31/2018	Worksheet S-3 Part V Date/Time Prepared: 1/29/2019 4:11 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,083,523	30,261,464	1.00
2.00	Hospital	1,083,523	30,261,464	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 09/01/2017 To 08/31/2018		Worksheet S-4 Date/Time Prepared: 1/29/2019 4:11 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	1,915	79	933	2,927	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,252.00	94.00	787.00	2,133.00	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			12.76	0.00	12.76	5.00
6.00	Direct Nursing Service			13.03	0.00	13.03	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			7.91	0.00	7.91	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.25	0.00	2.25	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.03	0.00	1.03	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.58	0.00	0.58	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.58	0.00	1.58	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.			2			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
20.01				99915			20.01
		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	8,586	0	340	111	9,037	21.00
22.00	Skilled Nursing Visit Charges	1,709,910	0	67,400	22,200	1,799,510	22.00
23.00	Physical Therapy Visits	6,151	0	109	140	6,400	23.00
24.00	Physical Therapy Visit Charges	1,414,730	0	25,070	32,200	1,472,000	24.00
25.00	Occupational Therapy Visits	1,869	0	9	42	1,920	25.00
26.00	Occupational Therapy Visit Charges	392,070	0	1,890	8,820	402,780	26.00
27.00	Speech Pathology Visits	602	0	10	36	648	27.00
28.00	Speech Pathology Visit Charges	132,440	0	2,200	7,920	142,560	28.00
29.00	Medical Social Service Visits	123	0	4	2	129	29.00
30.00	Medical Social Service Visit Charges	29,520	0	960	480	30,960	30.00
31.00	Home Health Aide Visits	2,074	0	1	18	2,093	31.00
32.00	Home Health Aide Visit Charges	207,400	0	100	1,800	209,300	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	19,405	0	473	349	20,227	33.00
34.00	Other Charges	142,900	0	3,700	447	147,047	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,028,970	0	101,320	73,867	4,204,157	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,264		177	28	1,469	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	36,181	0	881	51	37,113	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet S-10 Date/Time Prepared: 1/29/2019 4:11 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)		0.188711	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		0	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?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		31,053,763	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,860,187	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)		5,860,187	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)		503,494	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		95,015	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)		95,015	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		339,401	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)		5,955,202	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)	921,716	285,483	1,207,199	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	173,938	285,483	459,421	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	173,938	285,483	459,421	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)		15,451,719	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,329,415	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,045,254	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		13,406,465	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,245,786	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,705,207	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,660,409	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		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		0	0	0	0	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,944	2,944	0	2,944	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,418,285	-485,680	1,932,605	22,397,965	24,330,570	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,784,935	61,893,034	64,677,969	-765,691	63,912,278	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,172,174	11,356,030	13,528,204	-538,453	12,989,751	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	100,351	971,181	1,071,532	-24,254	1,047,278	8.00
9.00	00900	HOUSEKEEPING	1,983,757	1,212,381	3,196,138	-493,239	2,702,899	9.00
10.00	01000	DIETARY	2,482,260	1,866,354	4,348,614	-538,895	3,809,719	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	521,682	806,576	1,328,258	-198,770	1,129,488	14.00
15.00	01500	PHARMACY	3,958,982	14,617,346	18,576,328	-14,115,801	4,460,527	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,284,864	925,962	4,210,826	-810,450	3,400,376	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	69,263	26,919	96,182	175,936	272,118	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,603,057	16,189,928	39,792,985	-6,183,639	33,609,346	30.00
31.00	03100	INTENSIVE CARE UNIT	3,600,625	1,812,316	5,412,941	-1,454,426	3,958,515	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	1,157,564	1,157,564	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	8,489,216	23,846,758	32,335,974	-19,364,362	12,971,612	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,847,987	1,579,307	5,427,294	-3,674,972	1,752,322	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,778,570	5,436,878	10,215,448	-2,584,305	7,631,143	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	739,647	703,051	1,442,698	-364,934	1,077,764	57.00
58.00	05800	MRI	464,151	288,005	752,156	-202,667	549,489	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,133,246	12,431,336	15,564,582	-11,810,903	3,753,679	59.00
60.00	06000	LABORATORY	4,133,305	8,062,603	12,195,908	-1,055,255	11,140,653	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	50,977	1,247,214	1,298,191	-1,228,271	69,920	64.00
65.00	06500	RESPIRATORY THERAPY	2,753,562	1,388,567	4,142,129	-907,500	3,234,629	65.00
66.00	06600	PHYSICAL THERAPY	4,197,778	2,245,760	6,443,538	-1,033,619	5,409,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	337,564	114,472	452,036	-89,050	362,986	68.00
69.00	06900	ELECTROCARDIOLOGY	2,045,567	1,366,786	3,412,353	-985,403	2,426,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	63,735	20,267	84,002	-15,608	68,394	70.00
70.01	07001	SLEEP DISORDER	650,633	267,017	917,650	-166,774	750,876	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	19,905,508	19,905,508	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,154,730	14,154,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,125,187	14,125,187	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	568,831	253,832	822,663	-145,769	676,894	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	549,772	1,742,273	2,292,045	-425,271	1,866,774	90.00
91.00	09100	EMERGENCY	4,595,625	2,384,075	6,979,700	-1,894,483	5,085,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	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 09/01/2017
To 08/31/2018

Worksheet A
Date/Time Prepared:
1/29/2019 4:11 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	2,902,809	1,553,100	4,455,909	-736,806	3,719,103	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)	91,283,210	176,126,592	267,409,802	107,320	267,517,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	144,390	144,390	0	144,390	190.00
191.00	19100	RESEARCH	76,587	20,347	96,934	-19,539	77,395	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	395,636	138,527	534,163	0	534,163	192.00
192.01	19201	OTHER NRCC	150,650	3,105,317	3,255,967	-87,781	3,168,186	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	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	91,906,083	179,535,173	271,441,256	0	271,441,256	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A
Date/Time Prepared:
1/29/2019 4:11 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	0	0	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,944	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-388,140	23,942,430	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,193,674	46,718,604	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,400	12,987,351	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,047,278	8.00
9.00	00900	HOUSEKEEPING	0	2,702,899	9.00
10.00	01000	DIETARY	-1,479,865	2,329,854	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	0	1,129,488	14.00
15.00	01500	PHARMACY	-357,773	4,102,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,780,131	6,180,507	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	272,118	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,430,138	29,179,208	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,958,515	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
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	1,157,564	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	-4,675	12,966,937	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,004	1,749,318	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-114,426	7,516,717	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	1,077,764	57.00
58.00	05800	MRI	0	549,489	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,753,679	59.00
60.00	06000	LABORATORY	-57,138	11,083,515	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	69,920	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,234,629	65.00
66.00	06600	PHYSICAL THERAPY	-4,229	5,405,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-2,340	360,646	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,426,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	68,394	70.00
70.01	07001	SLEEP DISORDER	0	750,876	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-908,162	18,997,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,154,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,125,187	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	-31,236	645,658	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	-459	1,866,315	90.00
91.00	09100	EMERGENCY	-367	5,084,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A
Date/Time Prepared:
1/29/2019 4:11 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	-1,538	3,717,565	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)	-22,199,433	245,317,689	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	144,390	118.00
191.00	19100	RESEARCH	0	77,395	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	534,163	191.00
192.01	19201	OTHER NRCC	0	3,168,186	192.00
192.02	19202	LTC	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	192.02
194.00	07950	MARKETING	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-22,199,433	249,241,823	194.00
					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	14,125,187	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
	O		0	14,125,187	
B - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,154,730	1.00
	O		0	14,154,730	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	34,060,238	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
	O		0	34,060,238	
D - PROPERTY INSURANCE					
1.00		0.00	0	0	1.00
	O		0	0	
E - MASSAGE					
1.00	PHYSICAL THERAPY	66.00	26,079	6,634	1.00
	O		26,079	6,634	
F - MARKETING					
1.00		0.00	0	0	1.00
	O		0	0	
G - NURSERY					
1.00	ADULTS & PEDIATRICS	30.00	1,134,020	102,323	1.00
2.00	NURSERY	43.00	1,061,761	95,803	2.00
	O		2,195,781	198,126	
H - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	159,122	34,402	1.00
	O		159,122	34,402	
I - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,398,099	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

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6

Date/Time Prepared:
1/29/2019 4:11 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	22,398,099		
500.00	Grand Total: Increases		2,380,982	84,977,416		500.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6
Date/Time Prepared:
1/29/2019 4:11 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	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	134	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,956	0	2.00	
3.00	PHARMACY	15.00	0	12,805,078	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	32	0	4.00	
5.00	OPERATING ROOM	50.00	0	6,184	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,667	0	6.00	
7.00	CT SCAN	57.00	0	239	0	7.00	
8.00	MRI	58.00	0	283	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	13,630	0	9.00	
10.00	INTRAVENOUS THERAPY	64.00	0	1,185,592	0	10.00	
11.00	PHYSICAL THERAPY	66.00	0	16	0	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	47,793	0	12.00	
13.00	CARDIAC REHABILITATION	76.97	0	155	0	13.00	
14.00	CLINIC	90.00	0	3,233	0	14.00	
15.00	OTHER NRCC	192.01	0	55,195	0	15.00	
	O		0	14,125,187			
B - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	14,154,730	0	1.00	
	O		0	14,154,730			
C - SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	70,469	0	1.00	
2.00	PHARMACY	15.00	0	116,014	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,452,405	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	548,100	0	4.00	
5.00	OPERATING ROOM	50.00	0	17,128,464	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	311,429	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,370,690	0	7.00	
8.00	CT SCAN	57.00	0	178,039	0	8.00	
9.00	MRI	58.00	0	87,340	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	11,015,291	0	10.00	
11.00	LABORATORY	60.00	0	24,481	0	11.00	
12.00	INTRAVENOUS THERAPY	64.00	0	20,322	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	277,309	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	15,757	0	14.00	
15.00	SPEECH PATHOLOGY	68.00	0	4,030	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	412,255	0	16.00	
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	22	0	17.00	
18.00	SLEEP DISORDER	70.01	0	1,651	0	18.00	
19.00	CARDIAC REHABILITATION	76.97	0	401	0	19.00	
20.00	CLINIC	90.00	0	282,898	0	20.00	
21.00	EMERGENCY	91.00	0	742,871	0	21.00	
	O		0	34,060,238			
D - PROPERTY INSURANCE							
1.00		0.00	0	0	0	1.00	
	O		0	0			
E - MESSAGE							
1.00	ADMINISTRATIVE & GENERAL	5.00	26,079	6,634	0	1.00	
	O		26,079	6,634			
F - MARKETING							
1.00		0.00	0	0	0	1.00	
	O		0	0			
G - NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,195,781	198,126	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		2,195,781	198,126			
H - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	159,122	34,402	0	1.00	
	O		159,122	34,402			
I - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	732,978	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	538,453	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	24,254	0	3.00	
4.00	HOUSEKEEPING	9.00	0	493,239	0	4.00	
5.00	DIETARY	10.00	0	538,895	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	126,345	0	6.00	
7.00	PHARMACY	15.00	0	1,001,185	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	810,450	0	8.00	
9.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0	17,588	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	5,967,545	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	906,326	0	11.00	
12.00	OPERATING ROOM	50.00	0	2,229,714	0	12.00	

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6

Date/Time Prepared:
1/29/2019 4:11 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	969,636	0			13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,207,948	0			14.00
15.00	CT SCAN	57.00	0	186,656	0			15.00
16.00	MRI	58.00	0	115,044	0			16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	781,982	0			17.00
18.00	LABORATORY	60.00	0	1,030,774	0			18.00
19.00	INTRAVENOUS THERAPY	64.00	0	22,357	0			19.00
20.00	RESPIRATORY THERAPY	65.00	0	630,191	0			20.00
21.00	PHYSICAL THERAPY	66.00	0	1,050,559	0			21.00
22.00	SPEECH PATHOLOGY	68.00	0	85,020	0			22.00
23.00	ELECTROCARDIOLOGY	69.00	0	525,355	0			23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,586	0			24.00
25.00	SLEEP DISORDER	70.01	0	165,123	0			25.00
26.00	CARDIAC REHABILITATION	76.97	0	145,213	0			26.00
27.00	CLINIC	90.00	0	139,140	0			27.00
28.00	EMERGENCY	91.00	0	1,151,612	0			28.00
29.00	HOME HEALTH AGENCY	101.00	0	736,806	0			29.00
30.00	RESEARCH	191.00	0	19,539	0			30.00
31.00	OTHER NRCC	192.01	0	32,586	0			31.00
	0		0	22,398,099				
500.00	Grand Total: Decreases		2,380,982	84,977,416				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-7
Part I
Date/Time Prepared:
1/29/2019 4:11 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,840,000	0	0	0	-357,277	1.00
2.00	Land Improvements	1,145,614	0	0	0	11,689	2.00
3.00	Buildings and Fixtures	121,791,217	0	0	0	-18,839,038	3.00
4.00	Building Improvements	1,425,489	0	0	0	-605,462	4.00
5.00	Fixed Equipment	280,697	0	0	0	-265,187	5.00
6.00	Movable Equipment	40,022,429	0	0	0	6,373,257	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	166,505,446	0	0	0	-13,682,018	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	166,505,446	0	0	0	-13,682,018	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,197,277	0				1.00
2.00	Land Improvements	1,133,925	0				2.00
3.00	Buildings and Fixtures	140,630,255	0				3.00
4.00	Building Improvements	2,030,951	0				4.00
5.00	Fixed Equipment	545,884	0				5.00
6.00	Movable Equipment	33,649,172	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	180,187,464	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	180,187,464	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-7
Part II
Date/Time Prepared:
1/29/2019 4:11 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,944	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,944	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,944				2.00
3.00	Total (sum of lines 1-2)	0	2,944				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-7
Part III
Date/Time Prepared:
1/29/2019 4:11 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	146,538,292	0	146,538,292	0.813255	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	33,649,172	0	33,649,172	0.186745	0	2.00
3.00	Total (sum of lines 1-2)	180,187,464	0	180,187,464	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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,944	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,944	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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,944	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,944	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/29/2019 4:11 pm

Line #	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
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	-687,374		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-18,060		ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)			0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,472,048				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	2,221,185				0	12.00
13.00	Laundry and linen service			0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,479,865		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			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			RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			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			OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	A	-42,206		ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			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		0	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/29/2019 4:11 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 PERSONAL USE OF CARE GAS	A		ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 EMPLOYEE BENEFITS - MISC REVENUE	B	-60	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.02
33.03 A & G - MISC REVENUE	B	-44,567	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		DIETARY	10.00	0 33.05
33.06 CENTRAL SUPPLY - MISC REVENUE	B		CENTRAL SERVICES & SUPPLY	14.00	0 33.06
33.07 PHARMACY - MISC REVENUE	B	-357,773	PHARMACY	15.00	0 33.07
33.08 ADULTS AND Peds - MISC REVENUE	B	-27,059	ADULTS & PEDIATRICS	30.00	0 33.08
33.09 SURGERY - MISC REVENUE	B		OPERATING ROOM	50.00	0 33.09
33.10 LABOR AND DELIVERY - MISC REVENUE	B	-3,004	DELIVERY ROOM & LABOR ROOM	52.00	0 33.10
33.11 RADIOLOGY - MISC REVENUE	B	-7,926	RADIOLOGY-DIAGNOSTIC	54.00	0 33.11
33.12 CARDIAC CATH - MISC REVENUE	B		CARDIAC CATHETERIZATION	59.00	0 33.12
33.13 LABORATORY - MISC REVENUE	B	-57,138	LABORATORY	60.00	0 33.13
33.14 IV THERAPY - MISC REVENUE	B		INTRAVENOUS THERAPY	64.00	0 33.14
33.15 PHYSICAL THERAPY - MISC REVENUE	B	-2,750	PHYSICAL THERAPY	66.00	0 33.15
33.16 SPEECH THERAPY - MISC REVENUE	B	-2,340	SPEECH PATHOLOGY	68.00	0 33.16
33.17 CARDIOLOGY - MISC REVENUE	B		ELECTROCARDIOLOGY	69.00	0 33.17
33.18 CARDIAC REHAB - MISC REVENUE	B	-31,236	CARDIAC REHABILITATION	76.97	0 33.18
33.19 EMERGENCY DEPT - MISC REVENUE	B	-300	EMERGENCY	91.00	0 33.19
33.20 INTEREST INCOME	B		CAP REL COSTS-BLDG & FIXT	1.00	11 33.20
33.21 LOBBYING DUES	A	-8,337	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22 ADMIN - ADVERTISING	A	-69,583	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23 PHYSICAL THERAPY - ADVERTISING	A	-1,479	PHYSICAL THERAPY	66.00	0 33.23
33.24 CLINIC-ADVERTISING	A	-459	CLINIC	90.00	0 33.24
33.25 ER- ADVERTISING	A	-67	EMERGENCY	91.00	0 33.25
33.26 HOME HEALTH ADVERTISING	A	-1,538	HOME HEALTH AGENCY	101.00	0 33.26
33.27 EMPLOYEE BENEFITS - NON ALLOWABLE EX	A	-388,080	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.27
33.28 ADMIN - NONALLOWABLE EXPENSES	A	-49,097	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29 HAF FEE - HOSPITAL	A	-16,665,872	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.30
33.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.31
33.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,199,433			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 09/01/2017
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:
1/29/2019 4:11 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	2,780,131	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	37,601,879	37,252,663	2.00
3.00	71.00	MEDICAL SUPPLIES CHARGED TO	-908,162	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.		39,473,848	37,252,663	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 09/01/2017
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:
1/29/2019 4:11 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	2,780,131	0		1.00
2.00	349,216	0		2.00
3.00	-908,162	0		3.00
4.00	0	0		4.00
5.00	2,221,185			5.00

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

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

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

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

6.00	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 09/01/2017
To 08/31/2018

Worksheet A-8-2

Date/Time Prepared:
1/29/2019 4:11 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	4,416,036	4,341,599	74,437	179,000	641	1.00
2.00	50.00	OPERATING ROOM	4,675	4,675	0	246,400	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	106,500	106,500	0	271,900	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			4,527,211	4,452,774	74,437		641	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	55,163	2,758	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	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			55,163	2,758	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	55,163	19,274	4,360,873	1.00
2.00	50.00	OPERATING ROOM	0	0	0	4,675	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	106,500	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	55,163	19,274	4,472,048	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
1/29/2019 4:11 pm

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	0	0				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	2,944		2,944			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	23,942,430	0	3	23,942,433		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	46,718,604	0	759	738,132	47,457,495	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	12,987,351	0	1,039	581,165	13,569,555	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,047,278	0	1	26,849	1,074,128	8.00
9.00 00900 HOUSEKEEPING	2,702,899	0	14	530,754	3,233,667	9.00
10.00 01000 DIETARY	2,329,854	0	28	664,129	2,994,011	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	1,129,488	0	12	139,576	1,269,076	14.00
15.00 01500 PHARMACY	4,102,754	0	14	1,016,653	5,119,421	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,180,507	0	0	878,865	7,059,372	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00 02300 PARAMEDICAL PRGM-PHARMACY RESIDENCY	272,118	0	1	61,104	333,223	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	29,179,208	0	301	6,618,378	35,797,887	30.00
31.00 03100 INTENSIVE CARE UNIT	3,958,515	0	15	963,347	4,921,877	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	1,157,564	0	4	284,074	1,441,642	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	12,966,937	0	323	2,271,290	15,238,550	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,749,318	0	6	442,048	2,191,372	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,516,717	0	182	1,278,506	8,795,405	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	1,077,764	0	17	197,893	1,275,674	57.00
58.00 05800 MRI	549,489	0	9	124,184	673,682	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,753,679	0	83	838,300	4,592,062	59.00
60.00 06000 LABORATORY	11,083,515	0	24	1,105,866	12,189,405	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00 06300 BLOOD STORAGE PROCESSING & TRA	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	69,920	0	0	13,639	83,559	64.00
65.00 06500 RESPIRATORY THERAPY	3,234,629	0	12	736,716	3,971,357	65.00
66.00 06600 PHYSICAL THERAPY	5,405,690	0	14	1,130,093	6,535,797	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	360,646	0	0	90,315	450,961	68.00
69.00 06900 ELECTROCARDIOLOGY	2,426,950	0	31	547,291	2,974,272	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	68,394	0	0	17,052	85,446	70.00
70.01 07001 SLEEP DISORDER	750,876	0	5	174,077	924,958	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	18,997,346	0	0	0	18,997,346	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	14,154,730	0	0	0	14,154,730	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,125,187	0	0	0	14,125,187	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	645,658	0	8	152,191	797,857	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	1,866,315	0	16	147,091	2,013,422	90.00
91.00 09100 EMERGENCY	5,084,850	0	21	1,229,559	6,314,430	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
1/29/2019 4:11 pm

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	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	3,717,565	0	0	776,647	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)	245,317,689	0	2,942	23,775,784	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	144,390	0	0	0	190.00
191.00	19100 RESEARCH	77,395	0	0	20,491	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	534,163	0	0	105,852	192.00
192.01	19201 OTHER NRCC	3,168,186	0	2	40,306	192.01
192.02	19202 LTC	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
194.00	07950 MARKETING	0	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	249,241,823	0	2,944	23,942,433	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
1/29/2019 4:11 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	47,457,495				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	3,191,410	0	16,760,965		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	252,623	0	262,086	1,588,837	8.00	
9.00	00900	HOUSEKEEPING	760,523	0	66,232	67,349	4,127,771	9.00
10.00	01000	DIETARY	704,158	0	101,311	67,407	25,449	10.00
11.00	01100	CAFETERIA	0	0	574,707	0	144,363	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	298,473	0	652,792	0	163,977	14.00
15.00	01500	PHARMACY	1,204,032	0	147,080	1,273	36,946	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,660,287	0	293,801	0	73,801	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	78,370	0	5,886	51	1,479	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,419,311	0	5,875,330	724,865	1,475,841	30.00
31.00	03100	INTENSIVE CARE UNIT	1,157,571	0	528,977	58,137	132,876	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	339,058	0	146,520	22,051	36,805	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	3,583,939	0	1,740,058	170,349	437,091	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	515,387	0	1,039,374	46,158	261,084	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,068,583	0	1,140,764	63,793	286,552	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	300,024	0	143,877	37,492	36,141	57.00
58.00	05800	MRI	158,443	0	65,832	20,760	16,537	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,080,002	0	450,612	80,465	113,191	59.00
60.00	06000	LABORATORY	2,866,814	0	703,487	43	176,711	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	19,652	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	934,019	0	94,944	0	23,849	65.00
66.00	06600	PHYSICAL THERAPY	1,537,148	0	13,014	3,635	3,269	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	106,061	0	23,025	0	5,784	68.00
69.00	06900	ELECTROCARDIOLOGY	699,516	0	362,355	0	91,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,096	0	285,912	0	71,819	70.00
70.01	07001	SLEEP DISORDER	217,540	0	156,371	16,638	39,279	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,467,967	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,329,037	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,322,089	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	187,647	0	143,877	0	36,141	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	473,535	0	209,108	148	52,527	90.00
91.00	09100	EMERGENCY	1,485,084	0	1,157,663	208,223	290,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	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 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
1/29/2019 4:11 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	1,056,989	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)	46,495,388	0	16,384,995	1,588,837	4,033,330	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	33,959	0	0	0	0	190.00
191.00	19100	RESEARCH	23,022	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	150,524	0	130,582	0	32,801	192.00
192.01	19201	OTHER NRCC	754,602	0	184,201	0	46,270	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	0	61,187	0	15,370	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)	47,457,495	0	16,760,965	1,588,837	4,127,771	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part I Date/Time Prepared: 1/29/2019 4:11 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	3,892,336					10.00
11.00	01100	CAFETERIA	0	719,070				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	9,202	0	0	2,393,520	14.00
15.00	01500	PHARMACY	0	24,592	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,556	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	1,602	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,449,024	258,485	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	192,457	33,385	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	50,990	8,580	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	4,573	76,934	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	135,385	15,044	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,518	39,535	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	6,886	0	0	0	57.00
58.00	05800	MRI	0	3,792	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,379	27,956	0	0	0	59.00
60.00	06000	LABORATORY	0	47,071	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	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	706	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,549	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,508	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,609	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,709	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	743	0	0	0	70.00
70.01	07001	SLEEP DISORDER	503	6,065	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	1,398,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	994,695	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	3,360	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	23	5,922	0	0	0	90.00
91.00	09100	EMERGENCY	27,484	45,404	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	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 09/01/2017
To 08/31/2018

Worksheet B
Part I
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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	22,875	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)	3,892,336	719,070	0	0	2,393,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	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	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	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,892,336	719,070	0	0	2,393,520	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Prepared: 1/29/2019 4:11 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	6,533,344				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,114,817			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	420,611	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	8,122,637	0	0	64,123,380
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	7,025,280
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	0	0	0	2,045,646
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	595,307	0	0	21,846,801
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,203,804
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,073	0	0	12,438,223
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	0	0	0	1,800,094
58.00	05800	MRI	0	0	0	0	939,046
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	6,365,667
60.00	06000	LABORATORY	0	0	0	0	15,983,531
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	103,917
65.00	06500	RESPIRATORY THERAPY	0	46,302	0	0	5,097,020
66.00	06600	PHYSICAL THERAPY	0	33,073	0	0	8,135,444
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	588,440
69.00	06900	ELECTROCARDIOLOGY	0	33,073	0	0	4,174,946
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	464,016
70.01	07001	SLEEP DISORDER	0	0	0	0	1,361,354
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	24,864,138
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,478,462
73.00	07300	DRUGS CHARGED TO PATIENTS	6,533,344	0	0	420,611	24,401,231
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	0	0	0	1,168,882
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	0	0	0	2,754,685
91.00	09100	EMERGENCY	0	251,352	0	0	9,780,437
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

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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	5,574,076	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)	6,533,344	9,114,817	0	420,611	243,718,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	178,349	190.00
191.00	19100	RESEARCH	0	0	0	0	120,908	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	953,922	192.00
192.01	19201	OTHER NRCC	0	0	0	0	4,193,567	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	0	0	0	76,557	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)	6,533,344	9,114,817	0	420,611	249,241,823	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

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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	64,123,380	30.00
31.00	03100	INTENSIVE CARE UNIT	7,025,280	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	2,045,646	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	21,846,801	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,203,804	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,438,223	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	1,800,094	57.00
58.00	05800	MRI	939,046	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,365,667	59.00
60.00	06000	LABORATORY	15,983,531	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400	INTRAVENOUS THERAPY	103,917	64.00
65.00	06500	RESPIRATORY THERAPY	5,097,020	65.00
66.00	06600	PHYSICAL THERAPY	8,135,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	588,440	68.00
69.00	06900	ELECTROCARDIOLOGY	4,174,946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	464,016	70.00
70.01	07001	SLEEP DISORDER	1,361,354	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	24,864,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,478,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,401,231	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	1,168,882	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	2,754,685	90.00
91.00	09100	EMERGENCY	9,780,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
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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	5,574,076	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	243,718,520	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	178,349	190.00
191.00	19100 RESEARCH	0	120,908	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	953,922	192.00
192.01	19201 OTHER NRCC	0	4,193,567	192.01
192.02	19202 LTC	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	76,557	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	249,241,823	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 4:11 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	3	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,340,333	0	759	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	1,039	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	1	8.00
9.00 00900	HOUSEKEEPING	0	0	14	9.00
10.00 01000	DIETARY	0	0	28	10.00
11.00 01100	CAFETERIA	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	12	14.00
15.00 01500	PHARMACY	0	0	14	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	1	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	301	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	15	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	4	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	323	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	6	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	182	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	0	0	17	57.00
58.00 05800	MRI	0	0	9	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	83	59.00
60.00 06000	LABORATORY	0	0	24	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	12	65.00
66.00 06600	PHYSICAL THERAPY	0	0	14	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	31	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001	SLEEP DISORDER	0	0	5	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	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	0	8	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	0	0	16	90.00
91.00 09100	EMERGENCY	0	0	21	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part II
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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	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)	4,340,333	0	2,942	4,343,275		3,118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	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	0	2	2	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	0	0	0	0	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,340,333	0	2,944	4,343,277		3,202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 4:11 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	4,341,092				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	291,935	0	292,974		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,109	0	4,581	27,691	8.00
9.00	00900	HOUSEKEEPING	69,569	0	1,158	1,174	71,915
10.00	01000	DIETARY	64,413	0	1,771	1,175	443
11.00	01100	CAFETERIA	0	0	10,046	0	2,515
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	27,303	0	11,411	0	2,857
15.00	01500	PHARMACY	110,139	0	2,571	22	644
16.00	01600	MEDICAL RECORDS & LIBRARY	151,875	0	5,135	0	1,286
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	7,169	0	103	1	26
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	770,061	0	102,697	12,634	25,712
31.00	03100	INTENSIVE CARE UNIT	105,889	0	9,246	1,013	2,315
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	31,015	0	2,561	384	641
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	327,842	0	30,415	2,969	7,615
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,145	0	18,168	804	4,549
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,224	0	19,940	1,112	4,992
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	27,445	0	2,515	653	630
58.00	05800	MRI	14,494	0	1,151	362	288
59.00	05900	CARDIAC CATHETERIZATION	98,794	0	7,876	1,402	1,972
60.00	06000	LABORATORY	262,243	0	12,297	1	3,079
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	1,798	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	85,440	0	1,660	0	416
66.00	06600	PHYSICAL THERAPY	140,611	0	227	63	57
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	9,702	0	402	0	101
69.00	06900	ELECTROCARDIOLOGY	63,988	0	6,334	0	1,586
70.00	07000	ELECTROENCEPHALOGRAPHY	1,838	0	4,998	0	1,251
70.01	07001	SLEEP DISORDER	19,900	0	2,733	290	684
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	408,709	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	304,525	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	303,889	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	17,165	0	2,515	0	630
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	43,317	0	3,655	3	915
91.00	09100	EMERGENCY	135,849	0	20,235	3,629	5,066
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 4:11 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	96,688	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)	4,253,083	0	286,401	27,691	70,270	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	3,106	0	0	0	0	190.00
191.00	19100	RESEARCH	2,106	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	13,769	0	2,283	0	571	192.00
192.01	19201	OTHER NRCC	69,028	0	3,220	0	806	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	0	1,070	0	268	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)	4,341,092	0	292,974	27,691	71,915	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/29/2019 4:11 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	67,830					10.00
11.00	01100	CAFETERIA	0	12,561				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	161	0	0	41,744	14.00
15.00	01500	PHARMACY	0	430	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	481	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	28	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,104	4,515	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,354	583	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	889	150	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	80	1,344	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,359	263	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	183	691	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	120	0	0	0	57.00
58.00	05800	MRI	0	66	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	373	488	0	0	0	59.00
60.00	06000	LABORATORY	0	822	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	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	464	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	166	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	46	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	257	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13	0	0	0	70.00
70.01	07001	SLEEP DISORDER	9	106	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	24,390	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	17,354	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	59	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	103	0	0	0	90.00
91.00	09100	EMERGENCY	479	793	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	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 09/01/2017
To 08/31/2018

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 4:11 pm

Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & 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 SERVI CES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	400	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KI DNEY ACQUI SI TION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUI SI TION	0	0	0	0	0	106.00
107.00	10700	LI VER ACQUI SI TION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUI SI TION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUI SI TION	0	0	0	0	0	109.00
110.00	11000	INTESTI NAL ACQUI SI TION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUI SI TION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTI LI ZATI ON REVI EW-SNF						114.00
115.00	11500	AMBULATORY SURGI CAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPI CE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,830	12,561	0	0	41,744	118.00
NONREI MBURSABLE COST CENTERS								
190.00	19000	GI FT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSI CI ANS PRI VATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	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	MARKETI NG	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	67,830	12,561	0	0	41,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 4:11 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	113,820				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	158,777			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	7,328	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	141,494	0		1,117,521
31.00	03100	INTENSIVE CARE UNIT	0	0	0		122,415
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		35,644
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	10,370	0		380,958
51.00	05100	RECOVERY ROOM	0	0	0		0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		73,294
53.00	05300	ANESTHESIOLOGY	0	0	0		0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	576	0		216,900
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		31,380
58.00	05800	MRI	0	0	0		16,370
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		110,988
60.00	06000	LABORATORY	0	0	0		278,466
60.01	06001	BLOOD LABORATORY	0	0	0		0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0		0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0		0
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0		0
64.00	06400	INTRAVENOUS THERAPY	0	0	0		1,810
65.00	06500	RESPIRATORY THERAPY	0	807	0		88,799
66.00	06600	PHYSICAL THERAPY	0	576	0		141,714
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		0
68.00	06800	SPEECH PATHOLOGY	0	0	0		10,251
69.00	06900	ELECTROCARDIOLOGY	0	576	0		72,772
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		8,100
70.01	07001	SLEEP DISORDER	0	0	0		23,727
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		433,099
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		321,879
73.00	07300	DRUGS CHARGED TO PATIENTS	113,820	0	0		417,709
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		20,377
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		48,009
91.00	09100	EMERGENCY	0	4,378	0		170,450
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	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 09/01/2017
To 08/31/2018

Worksheet B
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		97,088	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)	113,820	158,777	0	0	4,239,720	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0		3,106	190.00
191.00	19100	RESEARCH	0	0	0		2,106	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		16,623	192.00
192.01	19201	OTHER NRCC	0	0	0		73,056	192.01
192.02	19202	LTC	0	0	0		0	192.02
193.00	19300	NONPAID WORKERS	0	0	0		0	193.00
194.00	07950	MARKETING	0	0	0		1,338	194.00
200.00		Cross Foot Adjustments				7,328	7,328	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	113,820	158,777	0	7,328	4,343,277	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/29/2019 4:11 pm
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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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,117,521	31.00
32.00	03200	CORONARY CARE UNIT	122,415	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
44.00	04400	SKILLED NURSING FACILITY	35,644	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	0	50.00
51.00	05100	RECOVERY ROOM	380,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	73,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	216,900	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	31,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,370	59.00
60.00	06000	LABORATORY	110,988	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,810	65.00
66.00	06600	PHYSICAL THERAPY	88,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	141,714	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,251	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72,772	70.00
70.01	07001	SLEEP DISORDER	8,100	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	23,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	433,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	321,879	73.00
74.00	07400	RENAL DIALYSIS	417,709	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	0	76.97
76.97	07697	CARDIAC REHABILITATION	20,377	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	48,009	90.00
91.00	09100	EMERGENCY	170,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	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 09/01/2017
To 08/31/2018

Worksheet B
Part II
Date/Time Prepared:
1/29/2019 4:11 pm

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	97,088	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	4,239,720	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	3,106	190.00
191.00	19100 RESEARCH	0	2,106	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	16,623	192.00
192.01	19201 OTHER NRCC	0	73,056	192.01
192.02	19202 LTC	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	1,338	194.00
200.00	Cross Foot Adjustments	0	7,328	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	4,343,277	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1
Date/Time Prepared:
1/29/2019 4:11 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		13,528,468			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,146	12,492	89,487,798		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,421	3,482,901	2,758,856	-47,457,495	201,784,328
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,900	4,784,622	2,172,174	0	13,569,555
8.00 00800	LAUNDRY & LINEN SERVICE	6,545	4,398	100,351	0	1,074,128
9.00 00900	HOUSEKEEPING	1,654	63,111	1,983,757	0	3,233,667
10.00 01000	DIETARY	2,530	128,899	2,482,260	0	2,994,011
11.00 01100	CAFETERIA	14,352	0	0	0	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	16,302	56,320	521,682	0	1,269,076
15.00 01500	PHARMACY	3,673	64,876	3,799,860	0	5,119,421
16.00 01600	MEDICAL RECORDS & LIBRARY	7,337	1,010	3,284,864	0	7,059,372
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	147	2,591	228,385	0	333,223
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	146,723	1,379,426	24,737,077	0	35,797,887
31.00 03100	INTENSIVE CARE UNIT	13,210	69,644	3,600,625	0	4,921,877
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	3,659	18,871	1,061,761	0	1,441,642
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	1,480,236	8,489,216	0	15,238,550
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	25,956	29,404	1,652,206	0	2,191,372
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,488	835,611	4,778,570	0	8,795,405
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	78,408	739,647	0	1,275,674
58.00 05800	MRI	1,644	39,730	464,151	0	673,682
59.00 05900	CARDIAC CATHETERIZATION	11,253	378,741	3,133,246	0	4,592,062
60.00 06000	LABORATORY	17,568	111,165	4,133,305	0	12,189,405
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	50,977	0	83,559
65.00 06500	RESPIRATORY THERAPY	2,371	55,683	2,753,562	0	3,971,357
66.00 06600	PHYSICAL THERAPY	325	65,094	4,223,857	0	6,535,797
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	575	1,114	337,564	0	450,961
69.00 06900	ELECTROCARDIOLOGY	9,049	143,685	2,045,567	0	2,974,272
70.00 07000	ELECTROENCEPHALOGRAPHY	7,140	1,713	63,735	0	85,446
70.01 07001	SLEEP DISORDER	3,905	22,536	650,633	0	924,958
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	18,997,346
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,154,730
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	14,125,187
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	35,043	568,831	0	797,857
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	73,934	549,772	0	2,013,422
91.00 09100	EMERGENCY	28,910	95,254	4,595,625	0	6,314,430
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/29/2019 4:11 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					4.00	5A
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	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	0	0	2,902,809	0	4,494,212	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)	450,645	13,516,512	88,864,925	-47,457,495	197,693,543	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	144,390	190.00
191.00	19100	RESEARCH	0	0	76,587	0	97,886	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,261	510	395,636	0	640,015	192.00
192.01	19201	OTHER NRCC	4,600	11,446	150,650	0	3,208,494	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	1,528	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)	0	2,944	23,942,433		47,457,495	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000218	0.267550		0.235189	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			3		4,341,092	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.021514	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 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/29/2019 4:11 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	425,467					6.00
7.00	00700	6,900	418,567				7.00
8.00	00800	6,545	6,545	1,654,676			8.00
9.00	00900	1,654	1,654	70,140	410,368		9.00
10.00	01000	2,530	2,530	70,200	2,530	170,229	10.00
11.00	01100	14,352	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	16,302	16,302	0	16,302	0	14.00
15.00	01500	3,673	3,673	1,326	3,673	0	15.00
16.00	01600	7,337	7,337	0	7,337	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	147	147	53	147	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	146,715	146,723	754,902	146,723	150,841	30.00
31.00	03100	13,210	13,210	60,546	13,210	8,417	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	3,667	3,659	22,965	3,659	2,230	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	43,454	43,454	177,408	43,454	200	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	25,956	25,956	48,071	25,956	5,921	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	28,488	28,488	66,436	28,488	460	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	3,593	3,593	39,046	3,593	0	57.00
58.00	05800	1,644	1,644	21,620	1,644	0	58.00
59.00	05900	11,253	11,253	83,799	11,253	935	59.00
60.00	06000	17,568	17,568	45	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	2,371	2,371	0	2,371	0	65.00
66.00	06600	325	325	3,786	325	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	575	575	0	575	0	68.00
69.00	06900	9,049	9,049	0	9,049	0	69.00
70.00	07000	7,140	7,140	0	7,140	0	70.00
70.01	07001	3,905	3,905	17,327	3,905	22	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	3,593	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	5,222	5,222	154	5,222	1	90.00
91.00	09100	28,910	28,910	216,852	28,910	1,202	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 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/29/2019 4:11 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)	416,078	409,178	1,654,676	400,979	170,229	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,261	3,261	0	3,261	0	192.00
192.01	19201	OTHER NRCC	4,600	4,600	0	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	1,528	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	16,760,965	1,588,837	4,127,771	3,892,336	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	40.043685	0.960210	10.058706	22.865293	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	292,974	27,691	71,915	67,830	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.699945	0.016735	0.175245	0.398463	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 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/29/2019 4:11 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	2,559,346					11.00
12.00	01200	0	0				12.00
13.00	01300	0	0	0			13.00
14.00	01400	32,751	0	0	34,060,238		14.00
15.00	01500	87,529	0	0	0	100	15.00
16.00	01600	98,078	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	5,701	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	920,010	0	0	0	0	30.00
31.00	03100	118,824	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	30,539	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	273,829	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	53,546	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	140,714	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	24,510	0	0	0	0	57.00
58.00	05800	13,495	0	0	0	0	58.00
59.00	05900	99,503	0	0	0	0	59.00
60.00	06000	167,536	0	0	0	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	2,512	0	0	0	0	64.00
65.00	06500	94,496	0	0	0	0	65.00
66.00	06600	33,843	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	9,285	0	0	0	0	68.00
69.00	06900	52,354	0	0	0	0	69.00
70.00	07000	2,645	0	0	0	0	70.00
70.01	07001	21,587	0	0	0	0	70.01
71.00	07100	0	0	0	19,905,508	0	71.00
72.00	07200	0	0	0	14,154,730	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	11,958	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	21,078	0	0	0	0	90.00
91.00	09100	161,605	0	0	0	0	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/29/2019 4:11 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	81,418	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	11800 SUBTOTALS (SUM OF LINES 1 through 117)	2,559,346	0	0	34,060,238	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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	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	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	719,070	0	0	2,393,520	6,533,344	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.280958	0.000000	0.000000	0.070273	65,333.440000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,561	0	0	41,744	113,820	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004908	0.000000	0.000000	0.001226	1,138.200000	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 09/01/2017
To 08/31/2018

Worksheet B-1
Date/Time Prepared:
1/29/2019 4:11 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				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				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600	1,378			16.00
17.00	01700	0	0		17.00
23.00	02300	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,228	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	90	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	5	0	0	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	7	0	0	65.00
66.00	06600	5	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	5	0	0	69.00
70.00	07000	0	0	0	70.00
70.01	07001	0	0	0	70.01
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	100	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03950	0	0	0	76.00
76.97	07697	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	38	0	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/29/2019 4:11 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	11800 SUBTOTALS (SUM OF LINES 1 through 117)	1,378	0	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	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)	9,114,817	0	420,611		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6,614.526125	0.000000	4,206.110000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	158,777	0	7,328		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	115.222787	0.000000	73.280000		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 09/01/2017
To 08/31/2018

Worksheet C
Part I
Date/Time Prepared:
1/29/2019 4:11 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	64,123,380	64,123,380	19,274	64,142,654	30.00	
31.00	03100 INTENSIVE CARE UNIT	7,025,280	7,025,280	0	7,025,280	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	2,045,646	2,045,646	0	2,045,646	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	21,846,801	21,846,801	0	21,846,801	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,203,804	4,203,804	0	4,203,804	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,438,223	12,438,223	0	12,438,223	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	1,800,094	1,800,094	0	1,800,094	57.00	
58.00	05800 MRI	939,046	939,046	0	939,046	58.00	
59.00	05900 CARDIAC CATHETERIZATION	6,365,667	6,365,667	0	6,365,667	59.00	
60.00	06000 LABORATORY	15,983,531	15,983,531	0	15,983,531	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00	
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	103,917	103,917	0	103,917	64.00	
65.00	06500 RESPIRATORY THERAPY	5,097,020	5,097,020	0	5,097,020	65.00	
66.00	06600 PHYSICAL THERAPY	8,135,444	8,135,444	0	8,135,444	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	588,440	588,440	0	588,440	68.00	
69.00	06900 ELECTROCARDIOLOGY	4,174,946	4,174,946	0	4,174,946	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	464,016	464,016	0	464,016	70.00	
70.01	07001 SLEEP DISORDER	1,361,354	1,361,354	0	1,361,354	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	24,864,138	24,864,138	0	24,864,138	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,478,462	18,478,462	0	18,478,462	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	24,401,231	24,401,231	0	24,401,231	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	1,168,882	1,168,882	0	1,168,882	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	2,754,685	2,754,685	0	2,754,685	90.00	
91.00	09100 EMERGENCY	9,780,437	9,780,437	0	9,780,437	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	5,173,502	5,173,502	0	5,173,502	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	5,574,076	5,574,076	0	5,574,076	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 09/01/2017
To 08/31/2018

Worksheet C
Part I
Date/Time Prepared:
1/29/2019 4:11 pm

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				
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	248,892,022	0	248,892,022	19,274	248,911,296	200.00
201.00		Less Observation Beds	5,173,502		5,173,502		5,173,502	201.00
202.00		Total (see instructions)	243,718,520	0	243,718,520	19,274	243,737,794	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet C Part I Date/Time Prepared: 1/29/2019 4:11 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	69,958,804		69,958,804				30.00
31.00	03100	INTENSIVE CARE UNIT	7,175,898		7,175,898				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	3,488,532		3,488,532				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	75,941,241	92,357,884	168,299,125	0.129809	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,137,909	2,170,220	9,308,129	0.451627	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,501,247	76,661,728	98,162,975	0.126710	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	23,423,672	50,112,447	73,536,119	0.024479	0.000000		57.00
58.00	05800	MRI	9,440,021	26,957,914	36,397,935	0.025799	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	75,305,094	96,431,677	171,736,771	0.037066	0.000000		59.00
60.00	06000	LABORATORY	71,659,654	104,037,229	175,696,883	0.090972	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	107,729	316,001	423,730	0.245243	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	25,799,168	2,887,192	28,686,360	0.177681	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,281,101	32,217,301	41,498,402	0.196042	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,787,225	607,828	2,395,053	0.245690	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	26,747,050	54,220,808	80,967,858	0.051563	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,357	956,373	1,072,730	0.432556	0.000000		70.00
70.01	07001	SLEEP DISORDER	26,565	10,489,303	10,515,868	0.129457	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	21,297,477	19,377,364	40,674,841	0.611290	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,945,411	10,130,084	30,075,495	0.614403	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,071,112	62,382,696	121,453,808	0.200910	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	4,483	2,630,491	2,634,974	0.443603	0.000000		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	1,188,533	7,636,912	8,825,445	0.312130	0.000000		90.00
91.00	09100	EMERGENCY	20,736,788	60,762,908	81,499,696	0.120006	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	5,655,802	15,144,056	20,799,858	0.248728	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		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	6,205,608	6,205,608				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 09/01/2017 To 08/31/2018		Worksheet C Part I Date/Time Prepared: 1/29/2019 4:11 pm	
		Title XVIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col . 6 + col . 7)				
		6.00	7.00	8.00	9.00	10.00		
200.00	Subtotal (see instructions)	556,796,873	734,694,024	1,291,490,897			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	556,796,873	734,694,024	1,291,490,897			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/29/2019 4:11 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
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	0.129809		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451627		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126710		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.024479		57.00
58.00	05800	MRI	0.025799		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037066		59.00
60.00	06000	LABORATORY	0.090972		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.245243		64.00
65.00	06500	RESPIRATORY THERAPY	0.177681		65.00
66.00	06600	PHYSICAL THERAPY	0.196042		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.245690		68.00
69.00	06900	ELECTROCARDIOLOGY	0.051563		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.432556		70.00
70.01	07001	SLEEP DISORDER	0.129457		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.611290		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.614403		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200910		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	0.443603		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	0.312130		90.00
91.00	09100	EMERGENCY	0.120006		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.248728		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 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/29/2019 4:11 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet C
Part I
Date/Time Prepared:
1/29/2019 4:11 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,123,380		64,123,380	19,274	64,142,654	30.00
31.00	03100	INTENSIVE CARE UNIT	7,025,280		7,025,280	0	7,025,280	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	2,045,646		2,045,646	0	2,045,646	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	21,846,801		21,846,801	0	21,846,801	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,203,804		4,203,804	0	4,203,804	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,438,223		12,438,223	0	12,438,223	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	1,800,094		1,800,094	0	1,800,094	57.00
58.00	05800	MRI	939,046		939,046	0	939,046	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,365,667		6,365,667	0	6,365,667	59.00
60.00	06000	LABORATORY	15,983,531		15,983,531	0	15,983,531	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0		0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	103,917		103,917	0	103,917	64.00
65.00	06500	RESPIRATORY THERAPY	5,097,020	0	5,097,020	0	5,097,020	65.00
66.00	06600	PHYSICAL THERAPY	8,135,444	0	8,135,444	0	8,135,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	588,440	0	588,440	0	588,440	68.00
69.00	06900	ELECTROCARDIOLOGY	4,174,946		4,174,946	0	4,174,946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	464,016		464,016	0	464,016	70.00
70.01	07001	SLEEP DISORDER	1,361,354		1,361,354	0	1,361,354	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	24,864,138		24,864,138	0	24,864,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,478,462		18,478,462	0	18,478,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,401,231		24,401,231	0	24,401,231	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	1,168,882		1,168,882	0	1,168,882	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	2,754,685		2,754,685	0	2,754,685	90.00
91.00	09100	EMERGENCY	9,780,437		9,780,437	0	9,780,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	5,173,502		5,173,502	0	5,173,502	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	5,574,076		5,574,076	0	5,574,076	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 09/01/2017
To 08/31/2018

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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				
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	248,892,022	0	248,892,022	19,274	248,911,296	200.00
201.00		Less Observation Beds	5,173,502		5,173,502		5,173,502	201.00
202.00		Total (see instructions)	243,718,520	0	243,718,520	19,274	243,737,794	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet C
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			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	69,958,804		69,958,804				30.00
31.00	03100	INTENSIVE CARE UNIT	7,175,898		7,175,898				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	3,488,532		3,488,532				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	75,941,241	92,357,884	168,299,125	0.129809	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,137,909	2,170,220	9,308,129	0.451627	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,501,247	76,661,728	98,162,975	0.126710	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	23,423,672	50,112,447	73,536,119	0.024479	0.000000		57.00
58.00	05800	MRI	9,440,021	26,957,914	36,397,935	0.025799	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	75,305,094	96,431,677	171,736,771	0.037066	0.000000		59.00
60.00	06000	LABORATORY	71,659,654	104,037,229	175,696,883	0.090972	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	107,729	316,001	423,730	0.245243	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	25,799,168	2,887,192	28,686,360	0.177681	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,281,101	32,217,301	41,498,402	0.196042	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,787,225	607,828	2,395,053	0.245690	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	26,747,050	54,220,808	80,967,858	0.051563	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,357	956,373	1,072,730	0.432556	0.000000		70.00
70.01	07001	SLEEP DISORDER	26,565	10,489,303	10,515,868	0.129457	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	21,297,477	19,377,364	40,674,841	0.611290	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,945,411	10,130,084	30,075,495	0.614403	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,071,112	62,382,696	121,453,808	0.200910	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	4,483	2,630,491	2,634,974	0.443603	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	1,188,533	7,636,912	8,825,445	0.312130	0.000000		90.00
91.00	09100	EMERGENCY	20,736,788	60,762,908	81,499,696	0.120006	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	5,655,802	15,144,056	20,799,858	0.248728	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		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	6,205,608	6,205,608				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		Title XIX			Hospital		Cost	
		Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio		
200.00	Subtotal (see instructions)	556,796,873	734,694,024	1,291,490,897			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	556,796,873	734,694,024	1,291,490,897			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/29/2019 4:11 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
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	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP DISORDER	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
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	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.000000			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 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/29/2019 4:11 pm
		Title XIX	Hospital	Cost
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 09/01/2017 To 08/31/2018	Worksheet D Part I Date/Time Prepared: 1/29/2019 4:11 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	1,117,521	0	1,117,521	51,825	21.56	30.00
31.00	INTENSIVE CARE UNIT	122,415		122,415	4,602	26.60	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	35,644		35,644	2,640	13.50	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)	1,275,580		1,275,580	59,067		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	24,584	530,031				
31.00	INTENSIVE CARE UNIT	2,536	67,458				
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)	27,120	597,489				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part II Date/Time Prepared: 1/29/2019 4:11 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	380,958	168,299,125	0.002264	73,883,262	167,272	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,294	9,308,129	0.007874	1,354,872	10,668	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	216,900	98,162,975	0.002210	13,935,327	30,797	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	31,380	73,536,119	0.000427	12,714,173	5,429	57.00
58.00	05800	MRI	16,370	36,397,935	0.000450	4,641,840	2,089	58.00
59.00	05900	CARDIAC CATHETERIZATION	110,988	171,736,771	0.000646	0	0	59.00
60.00	06000	LABORATORY	278,466	175,696,883	0.001585	37,916,308	60,097	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,810	423,730	0.004272	32,594	139	64.00
65.00	06500	RESPIRATORY THERAPY	88,799	28,686,360	0.003096	14,674,457	45,432	65.00
66.00	06600	PHYSICAL THERAPY	141,714	41,498,402	0.003415	5,045,529	17,230	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,251	2,395,053	0.004280	1,111,931	4,759	68.00
69.00	06900	ELECTROCARDIOLOGY	72,772	80,967,858	0.000899	12,611,923	11,338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,100	1,072,730	0.007551	59,433	449	70.00
70.01	07001	SLEEP DISORDER	23,727	10,515,868	0.002256	12,954	29	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	433,099	40,674,841	0.010648	10,013,814	106,627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	321,879	30,075,495	0.010702	10,464,341	111,989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	417,709	121,453,808	0.003439	29,741,751	102,282	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	20,377	2,634,974	0.007733	4,483	35	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	48,009	8,825,445	0.005440	396,901	2,159	90.00
91.00	09100	EMERGENCY	170,450	81,499,696	0.002091	11,114,529	23,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	90,133	20,799,858	0.004333	3,026,519	13,114	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)	2,957,185	1,204,662,055		242,756,941	715,174	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part III Date/Time Prepared: 1/29/2019 4:11 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

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	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	51,825	0.00	24,584	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,602	0.00	2,536	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	2,640	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	59,067		27,120	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0			31.00
32.00	03200	CORONARY CARE UNIT	0			32.00
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
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
200.00		Total (lines 30 through 199)	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/29/2019 4:11 pm
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Cost Center Description	Title XVIII					Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
70.01 07001 SLEEP DISORDER	0	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	420,611	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
76.00 03950 NUTRITION/DIABETES	0	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	420,611	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/29/2019 4:11 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	168,299,125	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,308,129	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	98,162,975	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	73,536,119	0.000000	57.00
58.00	05800	MRI	0	0	0	36,397,935	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	171,736,771	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	175,696,883	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	423,730	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,686,360	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	41,498,402	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,395,053	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	80,967,858	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,072,730	0.000000	70.00
70.01	07001	SLEEP DISORDER	0	0	0	10,515,868	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	40,674,841	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,075,495	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	420,611	420,611	121,453,808	0.003463	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,634,974	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	8,825,445	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	81,499,696	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	20,799,858	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	420,611	420,611	1,204,662,055		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/29/2019 4:11 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	73,883,262	0	64,966,048	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,354,872	0	281,775	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,935,327	0	25,983,724	0	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	0.000000	12,714,173	0	14,523,557	0	57.00
58.00	05800 MRI	0.000000	4,641,840	0	8,699,235	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	37,916,308	0	14,093,519	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	32,594	0	191,386	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	14,674,457	0	1,723,500	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,045,529	0	259,932	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,111,931	0	50,254	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,611,923	0	20,238,673	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	59,433	0	229,852	0	70.00
70.01	07001 SLEEP DISORDER	0.000000	12,954	0	3,611,623	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	10,013,814	0	5,906,082	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,464,341	0	3,590,938	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003463	29,741,751	102,996	22,324,441	77,310	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	0.000000	4,483	0	1,282,136	0	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	0.000000	396,901	0	1,982,862	0	90.00
91.00	09100 EMERGENCY	0.000000	11,114,529	0	13,082,101	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	3,026,519	0	4,274,063	0	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	Total (lines 50 through 199)		242,756,941	102,996	207,295,701	77,310	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/29/2019 4:11 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	0.129809	64,966,048	0	0	8,433,178	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451627	281,775	0	0	127,257	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126710	25,983,724	0	0	3,292,398	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	0.024479	14,523,557	0	0	355,522	57.00
58.00	05800	MRI	0.025799	8,699,235	0	0	224,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037066	0	0	0	0	59.00
60.00	06000	LABORATORY	0.090972	14,093,519	0	0	1,282,116	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.245243	191,386	0	0	46,936	64.00
65.00	06500	RESPIRATORY THERAPY	0.177681	1,723,500	0	0	306,233	65.00
66.00	06600	PHYSICAL THERAPY	0.196042	259,932	0	0	50,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.245690	50,254	0	0	12,347	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051563	20,238,673	0	0	1,043,567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.432556	229,852	0	0	99,424	70.00
70.01	07001	SLEEP DISORDER	0.129457	3,611,623	0	0	467,550	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.611290	5,906,082	0	0	3,610,329	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.614403	3,590,938	0	0	2,206,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200910	22,324,441	0	351,506	4,485,203	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	0.443603	1,282,136	0	0	568,759	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	0.312130	1,982,862	0	0	618,911	90.00
91.00	09100	EMERGENCY	0.120006	13,082,101	0	0	1,569,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.248728	4,274,063	0	0	1,063,079	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)		207,295,701	0	351,506	29,864,413	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		207,295,701	0	351,506	29,864,413	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/29/2019 4:11 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	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 PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	70,621		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)	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	70,621		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	70,621		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/29/2019 4:11 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.129809	0	2,295,006	0	0
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.451627	0	78,748	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.126710	0	2,187,939	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.024479	0	1,151,774	0	0
58.00 05800 MRI	0.025799	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.037066	0	0	0	0
60.00 06000 LABORATORY	0.090972	0	1,885,498	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0
63.00 06300 BLOOD STORING PROCESSING & TRA	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.245243	0	53,101	0	0
65.00 06500 RESPIRATORY THERAPY	0.177681	0	139,796	0	0
66.00 06600 PHYSICAL THERAPY	0.196042	0	530,162	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.245690	0	15,712	0	0
69.00 06900 ELECTROCARDIOLOGY	0.051563	0	2,307,851	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.432556	0	27,681	0	0
70.01 07001 SLEEP DISORDER	0.129457	0	181,852	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.611290	0	1,851	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.614403	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.200910	0	1,348,567	0	0
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03950 NUTRITION/DIABETES	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.443603	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.312130	0	944	0	0
91.00 09100 EMERGENCY	0.120006	0	2,835,761	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.248728	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0		0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	15,042,243	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		0	15,042,243	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/29/2019 4:11 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	297,912	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	35,565	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	277,234	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	28,194	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	171,528	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	13,023	0	64.00
65.00	06500 RESPIRATORY THERAPY	24,839	0	65.00
66.00	06600 PHYSICAL THERAPY	103,934	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,860	0	68.00
69.00	06900 ELECTROCARDIOLOGY	119,000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	11,974	0	70.00
70.01	07001 SLEEP DISORDER	23,542	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1,131	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	270,941	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	295	0	90.00
91.00	09100 EMERGENCY	340,308	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	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)	1,723,280	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	1,723,280	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/29/2019 4:11 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,825	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,825	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)		47,645	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)		24,584	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)		64,142,654	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)		64,142,654	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)		64,142,654	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,237.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,427,125	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)		30,427,125	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1	
Date/Time Prepared: 1/29/2019 4:11 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,025,280	4,602	1,526.57	2,536	3,871,382		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)					41,142,592		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,441,099		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)					597,489		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					818,170		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,415,659		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					74,025,440		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)					4,180		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,237.68		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,173,502		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/29/2019 4:11 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	1,117,521	64,142,654	0.017422	5,173,502	90,133	90.00
91.00	Nursing School cost	0	64,142,654	0.000000	5,173,502	0	91.00
92.00	Allied health cost	0	64,142,654	0.000000	5,173,502	0	92.00
93.00	All other Medical Education	0	64,142,654	0.000000	5,173,502	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/29/2019 4:11 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,825	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,825	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)		47,645	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)		946	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)		2,640	15.00
16.00	Nursery days (title V or XIX only)		53	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)		64,123,380	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)		64,123,380	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)		64,123,380	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,237.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,170,495	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)		1,170,495	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/29/2019 4:11 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,045,646	2,640	774.87	53	41,068	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,025,280	4,602	1,526.57	92	140,444	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)					1,483,908	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,835,915	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					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)					4,180	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,237.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,171,956	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/29/2019 4:11 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	1,117,521	64,123,380	0.017428	5,171,956	90,137	90.00
91.00	Nursing School cost	0	64,123,380	0.000000	5,171,956	0	91.00
92.00	Allied health cost	0	64,123,380	0.000000	5,171,956	0	92.00
93.00	All other Medical Education	0	64,123,380	0.000000	5,171,956	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/29/2019 4:11 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		34,739,152	30.00
31.00	03100	INTENSIVE CARE UNIT		5,557,314	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	0.129809	73,883,262	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451627	1,354,872	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126710	13,935,327	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.024479	12,714,173	57.00
58.00	05800	MRI	0.025799	4,641,840	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037066	0	59.00
60.00	06000	LABORATORY	0.090972	37,916,308	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.245243	32,594	64.00
65.00	06500	RESPIRATORY THERAPY	0.177681	14,674,457	65.00
66.00	06600	PHYSICAL THERAPY	0.196042	5,045,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.245690	1,111,931	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051563	12,611,923	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.432556	59,433	70.00
70.01	07001	SLEEP DISORDER	0.129457	12,954	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.611290	10,013,814	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.614403	10,464,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200910	29,741,751	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.443603	4,483	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	0.312130	396,901	90.00
91.00	09100	EMERGENCY	0.120006	11,114,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.248728	3,026,519	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		242,756,941	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		242,756,941	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/29/2019 4:11 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		2,285,473	30.00
31.00	03100	INTENSIVE CARE UNIT		1,501,395	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	0.129809	1,976,391	256,553 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451627	367,547	165,994 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126710	673,132	85,293 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	0.024479	575,118	14,078 57.00
58.00	05800	MRI	0.025799	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.037066	0	0 59.00
60.00	06000	LABORATORY	0.090972	2,192,792	199,483 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRA	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.245243	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.177681	1,080,279	191,945 65.00
66.00	06600	PHYSICAL THERAPY	0.196042	212,130	41,586 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.245690	38,508	9,461 68.00
69.00	06900	ELECTROCARDIOLOGY	0.051563	1,853,072	95,550 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.432556	1,602	693 70.00
70.01	07001	SLEEP DISORDER	0.129457	1,518	197 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.611290	16,166	9,882 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.614403	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200910	1,702,096	341,968 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	0.443603	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.312130	0	0 90.00
91.00	09100	EMERGENCY	0.120006	593,509	71,225 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.248728	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			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)		11,283,860	1,483,908 200.00
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)		11,283,860	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/29/2019 4:11 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)		4,178,664	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		54,359,756	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)		1,618,775	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		15,330,933	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		212.12	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)		4.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.01	31.00
32.00	Sum of lines 30 and 31		20.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.52	33.00
34.00	Disproportionate share adjustment (see instructions)		954,176	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/29/2019 4:11 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)	5,977,483,147	6,766,695,164	35.00	
35.01	Factor 3 (see instructions)	0.000274158	0.000290608	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,638,778	1,966,458	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	134,694	1,804,831	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,939,525		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)	63,050,896		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)		63,050,896	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,089,081	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		4,992	53.00	
54.00	Special add-on payments for new technologies		2,786	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)		102,996	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		68,250,751	59.00	
60.00	Primary payer payments		46,434	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		68,204,317	61.00	
62.00	Deductibles billed to program beneficiaries		5,799,676	62.00	
63.00	Coinurance billed to program beneficiaries		86,387	63.00	
64.00	Allowable bad debts (see instructions)		733,888	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		477,027	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		121,518	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,795,281	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		-15,312	70.93	
70.94	HRR adjustment amount (see instructions)		-449,099	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/29/2019 4:11 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		62,330,870	71.00
71.01	Sequestration adjustment (see instructions)		1,246,617	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		60,904,082	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		180,171	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,781,070	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part B Date/Time Prepared: 1/29/2019 4:11 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		70,621	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,787,103	2.00
3.00	OPPS payments		29,207,388	3.00
4.00	Outlier payment (see instructions)		228,438	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		77,310	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		70,621	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		351,506	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)		351,506	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)		351,506	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		280,885	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)		70,621	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)		29,513,136	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)		5,713,219	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)		23,870,538	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)		23,870,538	30.00
31.00	Primary payer payments		35,336	31.00
32.00	Subtotal (line 30 minus line 31)		23,835,202	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)		1,311,366	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		852,388	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		738,784	36.00
37.00	Subtotal (see instructions)		24,687,590	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,049	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)		24,686,541	40.00
40.01	Sequestration adjustment (see instructions)		493,731	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		24,120,693	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		72,117	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
1/29/2019 4:11 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		60,748,582		24,065,793	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	04/19/2017	155,500	04/19/2017	54,900	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)		155,500		54,900	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)		60,904,082		24,120,693	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		180,171		72,117	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		61,084,253		24,192,810	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E-1 Part II Date/Time Prepared: 1/29/2019 4:11 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 1/29/2019 4:11 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,835,915		1.00
2.00	Medical and other services			1,723,280	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,835,915	1,723,280	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,835,915	1,723,280	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		11,283,860	15,042,243	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		11,283,860	15,042,243	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		11,283,860	15,042,243	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		8,447,945	13,318,963	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,835,915	1,723,280	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,835,915	1,723,280	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,835,915	1,723,280	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,835,915	1,723,280	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,835,915	1,723,280	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,835,915	1,723,280	40.00
41.00	Interim payments		2,835,915	1,723,280	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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 09/01/2017
To 08/31/2018

Worksheet G

Date/Time Prepared:
1/29/2019 4:11 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	14,374,909	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	156,540,557	0	0	0	4.00
5.00	Other receivable	357,862	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-109,462,732	0	0	0	6.00
7.00	Inventory	4,121,598	0	0	0	7.00
8.00	Prepaid expenses	443,204	0	0	0	8.00
9.00	Other current assets	21,067,522	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)	87,442,920	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,197,277	0	0	0	12.00
13.00	Land improvements	1,133,925	0	0	0	13.00
14.00	Accumulated depreciation	-236,333	0	0	0	14.00
15.00	Buildings	140,630,255	0	0	0	15.00
16.00	Accumulated depreciation	-8,245,826	0	0	0	16.00
17.00	Leasehold improvements	2,030,951	0	0	0	17.00
18.00	Accumulated depreciation	-245,661	0	0	0	18.00
19.00	Fixed equipment	545,884	0	0	0	19.00
20.00	Accumulated depreciation	-183,862	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	33,649,172	0	0	0	23.00
24.00	Accumulated depreciation	-16,131,311	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)	155,144,471	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	11,361,587	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,361,587	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	253,948,978	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,636,124	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,104,662	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,516,018	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,256,804	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,256,804	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	214,692,174				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)	214,692,174	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	253,948,978	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet G-1

Date/Time Prepared:
1/29/2019 4:11 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		210,018,157		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,674,017			2.00
3.00	Total (sum of line 1 and line 2)		214,692,174		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		214,692,174		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)		214,692,174		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	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 09/01/2017
To 08/31/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2019 4:11 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	98,840,247		98,840,247	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)	98,840,247		98,840,247	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,234,310		13,234,310	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)	13,234,310		13,234,310	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	112,074,557		112,074,557	17.00
18.00	Ancillary services	445,726,118	623,839,094	1,069,565,212	18.00
19.00	Outpatient services	24,525,254	78,853,137	103,378,391	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		6,205,608	6,205,608	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	PART B SERVICES	0	1,267,124	1,267,124	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	582,325,929	710,164,963	1,292,490,892	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		271,441,256		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		271,441,256		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

Period:
From 09/01/2017
To 08/31/2018

Worksheet G-3

Date/Time Prepared:
1/29/2019 4:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,292,490,892	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,017,700,147	2.00
3.00	Net patient revenues (line 1 minus line 2)	274,790,745	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	271,441,256	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,349,489	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	27,492	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	671,502	11.00
12.00	Parking lot receipts	317,666	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,321,103	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	158,864	21.00
22.00	Rental of hospital space	13,061	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	751,876	24.00
25.00	Total other income (sum of lines 6-24)	3,261,564	25.00
26.00	Total (line 5 plus line 25)	6,611,053	26.00
27.00	LOSS/GAIN ON SALE	1,937,036	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,937,036	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,674,017	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0044

Period: From 09/01/2017

Worksheet H

HHA CCN: 15-7152

To 08/31/2018

Date/Time Prepared: 1/29/2019 4:11 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		7,829	7,829	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	243,762	0	0	243,762	4.00
5.00	Administrative and General	2,902,809	50,896	313,707	841,123	4,108,535	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	95,644	95,644	12.00
13.00	Drugs	0	0	0	139	139	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)	2,902,809	294,658	313,707	944,735	4,455,909	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	7,829	0	7,829		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	243,762	0	243,762		4.00
5.00	Administrative and General	-2,109,541	1,998,994	-738,344	1,260,650		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	985,047	985,047	0	985,047		6.00
7.00	Physical Therapy	768,979	768,979	0	768,979		7.00
8.00	Occupational Therapy	184,524	184,524	0	184,524		8.00
9.00	Speech Pathology	92,257	92,257	0	92,257		9.00
10.00	Medical Social Services	32,270	32,270	0	32,270		10.00
11.00	Home Health Aide	46,464	46,464	0	46,464		11.00
12.00	Supplies (see instructions)	0	95,644	0	95,644		12.00
13.00	Drugs	0	139	0	139		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	4,455,909	-738,344	3,717,565		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet H-1 Part I Date/Time Prepared: 1/29/2019 4:11 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	7,829		7,829		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	243,762	0	0	243,762	0	4.00
5.00	Administrative and General	1,260,650	0	7,829	0	1,268,479	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	985,047	0	0	113,508	1,098,555	6.00
7.00	Physical Therapy	768,979	0	0	80,573	849,552	7.00
8.00	Occupational Therapy	184,524	0	0	22,024	206,548	8.00
9.00	Speech Pathology	92,257	0	0	7,737	99,994	9.00
10.00	Medical Social Services	32,270	0	0	1,487	33,757	10.00
11.00	Home Health Aide	46,464	0	0	18,433	64,897	11.00
12.00	Supplies (see instructions)	95,644	0	0	0	95,644	12.00
13.00	Drugs	139	0	0	0	139	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)	3,717,565	0	7,829	243,762	3,717,565	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	1,268,479					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	568,985	1,667,540				6.00
7.00	Physical Therapy	440,017	1,289,569				7.00
8.00	Occupational Therapy	106,979	313,527				8.00
9.00	Speech Pathology	51,791	151,785				9.00
10.00	Medical Social Services	17,484	51,241				10.00
11.00	Home Health Aide	33,613	98,510				11.00
12.00	Supplies (see instructions)	49,538	145,182				12.00
13.00	Drugs	72	211				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	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,717,565				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0044

Period: From 09/01/2017

Worksheet H-1

HHA CCN: 15-7152

To 08/31/2018

Part II
Date/Time Prepared:
1/29/2019 4:11 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		7,444		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	31,633		4.00
5.00	Administrative and General	0	7,444	0	0	-1,268,479	2,449,086
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	14,730	0	1,098,555
7.00	Physical Therapy	0	0	0	10,456	0	849,552
8.00	Occupational Therapy	0	0	0	2,858	0	206,548
9.00	Speech Pathology	0	0	0	1,004	0	99,994
10.00	Medical Social Services	0	0	0	193	0	33,757
11.00	Home Health Aide	0	0	0	2,392	0	64,897
12.00	Supplies (see instructions)	0	0	0	0	0	95,644
13.00	Drugs	0	0	0	0	0	139
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	7,444	0	31,633	-1,268,479	2,449,086
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	7,829	0	243,762		1,268,479
26.00	Unit Cost Multiplier	0.000000	1.051720	0.000000	7.705940		0.517940

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0044

Period: From 09/01/2017

Worksheet H-2

HHA CCN: 15-7152

To 08/31/2018

Part I
Date/Time Prepared:
1/29/2019 4:11 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	0	206,483	206,483	48,563	1.00	
2.00 Skilled Nursing Care	1,667,540	0	0	266,238	1,933,778	454,801	2.00	
3.00 Physical Therapy	1,289,569	0	0	207,838	1,497,407	352,174	3.00	
4.00 Occupational Therapy	313,527	0	0	49,873	363,400	85,468	4.00	
5.00 Speech Pathology	151,785	0	0	24,935	176,720	41,563	5.00	
6.00 Medical Social Services	51,241	0	0	8,722	59,963	14,103	6.00	
7.00 Home Health Aide	98,510	0	0	12,558	111,068	26,122	7.00	
8.00 Supplies (see instructions)	145,182	0	0	0	145,182	34,145	8.00	
9.00 Drugs	211	0	0	0	211	50	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)	3,717,565	0	0	776,647	4,494,212	1,056,989	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	7,456	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	7,616	2.00	
3.00 Physical Therapy	0	0	0	0	0	4,621	3.00	
4.00 Occupational Therapy	0	0	0	0	0	1,317	4.00	
5.00 Speech Pathology	0	0	0	0	0	601	5.00	
6.00 Medical Social Services	0	0	0	0	0	339	6.00	
7.00 Home Health Aide	0	0	0	0	0	925	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	22,875	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 09/01/2017

Worksheet H-2

HHA CCN: 15-7152

To 08/31/2018

Part I
Date/Time Prepared:
1/29/2019 4:11 pm

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	262,502	0	262,502		1.00	
2.00	Skilled Nursing Care	0	2,396,195	0	2,396,195	118,420	2,514,615	
3.00	Physical Therapy	0	1,854,202	0	1,854,202	91,637	1,945,839	
4.00	Occupational Therapy	0	450,185	0	450,185	22,249	472,434	
5.00	Speech Pathology	0	218,884	0	218,884	10,817	229,701	
6.00	Medical Social Services	0	74,405	0	74,405	3,677	78,082	
7.00	Home Health Aide	0	138,115	0	138,115	6,826	144,941	
8.00	Supplies (see instructions)	0	179,327	0	179,327	8,863	188,190	
9.00	Drugs	0	261	0	261	13	274	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19) (2)	0	5,574,076	0	5,574,076	262,502	5,574,076	
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.					0.049421	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 09/01/2017 To 08/31/2018

Worksheet H-2
Part II
Date/Time Prepared: 1/29/2019 4:11 pm

Home Health Agency I PPS

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	0	771,756	0	206,483	0	1.00
2.00 Skilled Nursing Care	0	0	995,092	0	1,933,778	0	2.00
3.00 Physical Therapy	0	0	776,821	0	1,497,407	0	3.00
4.00 Occupational Therapy	0	0	186,405	0	363,400	0	4.00
5.00 Speech Pathology	0	0	93,198	0	176,720	0	5.00
6.00 Medical Social Services	0	0	32,600	0	59,963	0	6.00
7.00 Home Health Aide	0	0	46,937	0	111,068	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	145,182	0	8.00
9.00 Drugs	0	0	0	0	211	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	2,902,809		4,494,212	0	20.00
21.00 Total cost to be allocated	0	0	776,647		1,056,989	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.267550		0.235189	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	26,536	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	27,109	0	2.00
3.00 Physical Therapy	0	0	0	0	16,448	0	3.00
4.00 Occupational Therapy	0	0	0	0	4,688	0	4.00
5.00 Speech Pathology	0	0	0	0	2,139	0	5.00
6.00 Medical Social Services	0	0	0	0	1,206	0	6.00
7.00 Home Health Aide	0	0	0	0	3,292	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	81,418	0	20.00
21.00 Total cost to be allocated	0	0	0	0	22,875	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.280958	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 09/01/2017
To 08/31/2018

Worksheet H-2

Part II
Date/Time Prepared:
1/29/2019 4:11 pm

Home Health Agency I

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 09/01/2017 To 08/31/2018	Worksheet H-3 Part I Date/Time Prepared: 1/29/2019 4:11 pm
			Title XVIII	Home Health Agency I	PPS

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 (cols. 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	2,514,615		2,514,615	14,730	170.71	1.00
2.00	Physical Therapy	3.00	1,945,839	0	1,945,839	10,456	186.10	2.00
3.00	Occupational Therapy	4.00	472,434	0	472,434	2,858	165.30	3.00
4.00	Speech Pathology	5.00	229,701	0	229,701	1,004	228.79	4.00
5.00	Medical Social Services	6.00	78,082		78,082	193	404.57	5.00
6.00	Home Health Aide	7.00	144,941		144,941	2,392	60.59	6.00
7.00	Total (sum of lines 1-6)		5,385,612	0	5,385,612	31,633		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	8,914			8.00
8.01	Skilled Nursing Care		99915	0	123			8.01
9.00	Physical Therapy		31140	0	6,227			9.00
9.01	Physical Therapy		99915	0	173			9.01
10.00	Occupational Therapy		31140	0	1,878			10.00
10.01	Occupational Therapy		99915	0	42			10.01
11.00	Speech Pathology		31140	0	637			11.00
11.01	Speech Pathology		99915	0	11			11.01
12.00	Medical Social Services		31140	0	125			12.00
12.01	Medical Social Services		99915	0	4			12.01
13.00	Home Health Aide		31140	0	2,084			13.00
13.01	Home Health Aide		99915	0	9			13.01
14.00	Total (sum of lines 8-13)			0	20,227			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 (cols. 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	188,190	0	188,190	238,372	0.789480	15.00
16.00	Cost of Drugs	9.00	274	0	274	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	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

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	9,037		0	1,542,706		1.00
2.00	Physical Therapy	0	6,400		0	1,191,040		2.00
3.00	Occupational Therapy	0	1,920		0	317,376		3.00
4.00	Speech Pathology	0	648		0	148,256		4.00
5.00	Medical Social Services	0	129		0	52,190		5.00
6.00	Home Health Aide	0	2,093		0	126,815		6.00
7.00	Total (sum of lines 1-6)	0	20,227		0	3,378,383		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0044

Period: From 09/01/2017

Worksheet H-3

HHA CCN: 15-7152

To 08/31/2018

Part I
Date/Time Prepared:
1/29/2019 4:11 pm

Title XVIII

Home Health
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
14.00	Total (sum of lines 8-13)							14.00	
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	147,048	0	0	116,091	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
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	1,542,706							1.00
2.00	Physical Therapy	1,191,040							2.00
3.00	Occupational Therapy	317,376							3.00
4.00	Speech Pathology	148,256							4.00
5.00	Medical Social Services	52,190							5.00
6.00	Home Health Aide	126,815							6.00
7.00	Total (sum of lines 1-6)	3,378,383							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
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 09/01/2017 To 08/31/2018		Worksheet H-3 Part II Date/Time Prepared: 1/29/2019 4:11 pm	
			Title XVIII		Home Health Agency I		PPS	
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	0.196042	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	0.245690	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.611290	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.200910	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 09/01/2017 To 08/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 1/29/2019 4:11 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	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			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	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,449,951
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	66,318
13.00	Total PPS Reimbursement - LUPA Episodes		0	74,579
14.00	Total PPS Reimbursement - PEP Episodes		0	34,663
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	10,253
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
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	3,635,764
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,635,764
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,635,764
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	3,635,764
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
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	3,635,764
31.01	Sequestration adjustment (see instructions)		0	72,715
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,563,049
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
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 09/01/2017 To 08/31/2018

Worksheet H-5
Date/Time Prepared: 1/29/2019 4:11 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			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		3,563,049	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		3,563,049	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		0	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		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,563,049	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet L Parts I-III Date/Time Prepared: 1/29/2019 4:11 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,713,248	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		171,278	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)		144.18	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)		4.96	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.01	8.00
9.00	Sum of lines 7 and 8		20.97	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.34	10.00
11.00	Disproportionate share adjustment (see instructions)		204,555	11.00
12.00	Total prospective capital payments (see instructions)		5,089,081	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