

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: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 3:13 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/29/2019 Time: 3:13 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 number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (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 COMMUNITY HOWARD REGIONAL HEALTH (15-0007) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HOLLY MILLARD
 Officer or Administrator of Provider(s)

NETWORK SENIOR VICE PRESIDENT OF FIN
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	190,980	38,712	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	190,980	38,712	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: 15-0007			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:13 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	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
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.					N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N				59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
				1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 3:13 pm	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	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
63.00	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.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0007

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2019 3:13 pm

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

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		N		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.		N		N		N		109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00	

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		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	694,542	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	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		HB0720		140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 3:13 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	04/20/2018			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.	Y					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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/01/2019	Y	05/01/2019		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)	N		N			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: 15-0007

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2019 3:13 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N		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				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	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.				N	33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		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.	DEBBIE		THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-621-7927		DTHOMPSON4@ECOMMUNITY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0007

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2019 3:13 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	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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 3:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	101	37,000	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)		101	37,000	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		109	39,920	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		109				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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 3:13 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,081	448	14,748			1.00
2.00 HMO and other (see instructions)	1,879	3,644				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,081	448	14,748			7.00
8.00 INTENSIVE CARE UNIT	711	0	1,714			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		496	781			13.00
14.00 Total (see instructions)	6,792	944	17,243	0.00	624.79	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			20			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	624.79	27.00
28.00 Observation Bed Days		499	1,989			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			111			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	5	79			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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
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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	1,699	89	4,529	1.00
2.00 HMO and other (see instructions)				433	959		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,699	89		4,529	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 3:13 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	40,620,823	-221,054	40,399,769	1,299,563.00	31.09
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		89,273	0	89,273	572.00	156.07
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		266,812	0	266,812	3,831.00	69.65
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)		4,435,106	-102,697	4,332,409	153,277.00	28.27
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		611,908	0	611,908	8,218.00	74.46
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		513,271	0	513,271	6,617.00	77.57
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		8,076,582	0	8,076,582	205,956.00	39.22
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)		8,635,739	0	8,635,739		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,216,986	0	1,216,986		
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		5,598	0	5,598		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		37,490	0	37,490		
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)		2,039,003	0	2,039,003		
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	154,487	0	154,487	3,987.00	38.75
27.00	Administrative & General	5.00	4,395,100	-204,941	4,190,159	91,403.00	45.84

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 3:13 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.)	3,726,093	0	3,726,093	37,109.00	100.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,563,718	-6,660	1,557,058	66,920.00	23.27	30.00
31.00	Laundry & Linen Service	33,673	0	33,673	2,240.00	15.03	31.00
32.00	Housekeeping	1,003,563	-2,930	1,000,633	64,319.00	15.56	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	889,692	-561,426	328,266	23,929.00	13.72	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	560,506	560,506	31,209.00	17.96	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	591,683	-899	590,784	13,865.00	42.61	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	444,531	0	444,531	12,007.00	37.02	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 3:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	44,080,104	-221,054	43,859,050	1,332,841.00	32.91	1.00
2.00	Excluded area salaries (see instructions)	4,435,106	-102,697	4,332,409	153,277.00	28.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,644,998	-118,357	39,526,641	1,179,564.00	33.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,201,761	0	9,201,761	220,791.00	41.68	4.00
5.00	Subtotal wage-related costs (see inst.)	10,680,340	0	10,680,340	0.00	27.02	5.00
6.00	Total (sum of lines 3 thru 5)	59,527,099	-118,357	59,408,742	1,400,355.00	42.42	6.00
7.00	Total overhead cost (see instructions)	12,802,540	-216,350	12,586,190	346,988.00	36.27	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 3:13 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,281,144 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			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			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			4,055,836 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			1,158,688 9.00
10.00	Dental, Hearing and Vision Plan			43,325 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			23,529 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)			333,836 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			66,854 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			2,882,062 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 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			50,539 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,895,813 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: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 3:13 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	611,908	9,895,813	1.00
2.00	Hospital	611,908	8,716,895	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,178,918	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 3:13 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)		0.195228	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		19,747,834	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		801,357	5.00	
6.00	Medicaid charges		96,241,753	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,789,085	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	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)	5,946,211	413,903	6,360,114	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,160,867	413,903	1,574,770	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)	1,160,867	413,903	1,574,770	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)			387,817	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			225,513	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			346,944	27.01
28.00	Non-Medicare bad debt expense (see instructions)			40,873	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			129,411	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,704,181	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,704,181	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		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	3,956,237	3,956,237	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,116,215	2,116,215	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	154,487	248,760	403,247	-41,896	361,351	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,395,100	33,885,243	38,280,343	-3,962,162	34,318,181	5.00
7.00	00700	OPERATION OF PLANT	1,563,718	5,934,592	7,498,310	-1,132,130	6,366,180	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,673	262,930	296,603	0	296,603	8.00
9.00	00900	HOUSEKEEPING	1,003,563	737,661	1,741,224	-27,792	1,713,432	9.00
10.00	01000	DIETARY	889,692	1,026,113	1,915,805	-1,269,636	646,169	10.00
11.00	01100	CAFETERIA	0	34,848	34,848	1,182,374	1,217,222	11.00
13.00	01300	NURSING ADMINISTRATION	591,683	263,583	855,266	-81,906	773,360	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,124	1,124	0	1,124	16.00
17.00	01700	SOCIAL SERVICE	444,531	109,736	554,267	0	554,267	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	318,638	91,622	410,260	-130,448	279,812	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,299,610	4,114,590	13,414,200	-1,750,141	11,664,059	30.00
31.00	03100	INTENSIVE CARE UNIT	1,433,198	698,059	2,131,257	-164,768	1,966,489	31.00
43.00	04300	NURSERY	0	0	0	289,202	289,202	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,340,181	7,572,393	9,912,574	-4,933,717	4,978,857	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	801,775	801,775	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,346,084	1,600,192	2,946,276	-664,471	2,281,805	54.00
54.01	03480	ONCOLOGY	1,344,490	936,150	2,280,640	533,617	2,814,257	54.01
57.00	05700	CT SCAN	433,707	445,883	879,590	-132,753	746,837	57.00
58.00	05800	MRI	379,030	1,069,931	1,448,961	-401,918	1,047,043	58.00
59.00	05900	CARDIAC CATHETERIZATION	680,981	3,491,606	4,172,587	-3,106,078	1,066,509	59.00
60.00	06000	LABORATORY	0	4,195,202	4,195,202	-2,380	4,192,822	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,183,037	481,343	1,664,380	-100,303	1,564,077	65.00
66.00	06600	PHYSICAL THERAPY	664,991	220,488	885,479	-398,114	487,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	299,349	299,349	67.00
68.00	06800	SPEECH PATHOLOGY	0	388	388	93,793	94,181	68.00
69.00	06900	ELECTROCARDIOLOGY	840,597	411,469	1,252,066	-16,974	1,235,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,707	37,865	95,572	-20,472	75,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	402,018	402,018	5,771,492	6,173,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,926,913	2,926,913	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,853,957	13,508,945	15,362,902	55,714	15,418,616	73.00
74.00	07400	RENAL DIALYSIS	0	346,469	346,469	-1,760	344,709	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	388,652	202,605	591,257	-27,024	564,233	75.01
76.00	03160	CARDIOPULMONARY	155,064	60,404	215,468	-56	215,412	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,502,628	1,450,380	3,953,008	-252,654	3,700,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	1,091,157	375,288	1,466,445	665,242	2,131,687	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	391,115	331,586	722,701	29,397	752,098	93.06
93.07	04957	CLINTON COUNTY	321,930	202,851	524,781	69,402	594,183	93.07
93.18	04968	PSYCH MEDICATION	401,154	125,753	526,907	-679	526,228	93.18
93.43	04993	NEW BEGINNINGS	0	1,603	1,603	50	1,653	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	973,129	694,908	1,668,037	-160,474	1,507,563	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,477,484	85,574,581	123,052,065	10,066	123,062,131	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	64,670	27,029	91,699	0	91,699	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,795,543	1,064,082	2,859,625	-7,798	2,851,827	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	9,037	9,037	0	9,037	194.08
194.09	07959	MOBILE CLINIC	41,665	7,891	49,556	-2,268	47,288	194.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/29/2019 3:13 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	
194.10	07960	PLASTIC SURGERY	0	22,466	22,466	0	22,466	194.10
194.11	07961	KOKOMO SCHOOL BASED	1,241,461	208,496	1,449,957	0	1,449,957	194.11
194.15	07965	INDIANA SURGERY CENTER	0	298	298	0	298	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00		TOTAL (SUM OF LINES 118 through 199)	40,620,823	86,913,880	127,534,703	0	127,534,703	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

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

Worksheet A
Date/Time Prepared:
5/29/2019 3:13 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	3,956,237	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,116,215	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,367,390	1,728,741	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,654,225	21,663,956	5.00
7.00	00700	OPERATION OF PLANT	217,394	6,583,574	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	296,603	8.00
9.00	00900	HOUSEKEEPING	0	1,713,432	9.00
10.00	01000	DIETARY	-7,149	639,020	10.00
11.00	01100	CAFETERIA	-406,280	810,942	11.00
13.00	01300	NURSING ADMINISTRATION	1,386,348	2,159,708	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	999,065	1,000,189	16.00
17.00	01700	SOCIAL SERVICE	0	554,267	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PASTORAL CARE	-3,154	276,658	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-176,814	11,487,245	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,966,489	31.00
43.00	04300	NURSERY	0	289,202	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,978,857	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	801,775	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,094	2,296,899	54.00
54.01	03480	ONCOLOGY	136,655	2,950,912	54.01
57.00	05700	CT SCAN	-7,061	739,776	57.00
58.00	05800	MRI	-10,459	1,036,584	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,066,509	59.00
60.00	06000	LABORATORY	-217,420	3,975,402	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	-584	1,563,493	65.00
66.00	06600	PHYSICAL THERAPY	0	487,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	299,349	67.00
68.00	06800	SPEECH PATHOLOGY	-18,787	75,394	68.00
69.00	06900	ELECTROCARDIOLOGY	54,288	1,289,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	75,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	563,392	6,736,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,926,913	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	341,502	15,760,118	73.00
74.00	07400	RENAL DIALYSIS	0	344,709	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	-93,336	470,897	75.01
76.00	03160	CARDIOPULMONARY	0	215,412	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	3,700,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	-672,950	1,458,737	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	-507,346	244,752	93.06
93.07	04957	CLINTON COUNTY	-275,304	318,879	93.07
93.18	04968	PSYCH MEDICATION	0	526,228	93.18
93.43	04993	NEW BEGINNINGS	0	1,653	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,507,563	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,969,741	113,092,390	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	91,699	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,851,827	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	9,037	194.08
194.09	07959	MOBILE CLINIC	0	47,288	194.09
194.10	07960	PLASTIC SURGERY	0	22,466	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	1,449,957	194.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/29/2019 3:13 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.15	07965 INDIANA SURGERY CENTER	6.00	7.00	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	298	194.16
200.00	TOTAL (SUM OF LINES 118 through 199)	-9,969,741	117,564,962	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Chargeable Medical Supplies						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	274,376		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,797,560		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
0			0	6,071,936		
B - Implantable Device Reclass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,926,913		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
0			0	2,926,913		
C - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	208,185		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
0			0	208,185		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,967,474		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

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 3:13 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0			5,967,474		
F - Infusion Equipment Rental						
1.00	ONCOLOGY	54.01		653,235		1.00
			0	653,235		
G - STD BENEFIT						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,105		1.00
2.00	OPERATION OF PLANT	7.00	0	6,660		2.00
3.00	HOUSEKEEPING	9.00	0	2,930		3.00
4.00	DIETARY	10.00	0	920		4.00
5.00	NURSING ADMINISTRATION	13.00	0	899		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	74,025		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	3,357		7.00
8.00	OPERATING ROOM	50.00	0	10,941		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,585		9.00
10.00	ONCOLOGY	54.01	0	3,988		10.00
11.00	CT SCAN	57.00	0	3,191		11.00
12.00	MRI	58.00	0	1,683		12.00
13.00	RESPIRATORY THERAPY	65.00	0	9,391		13.00
14.00	PHYSICAL THERAPY	66.00	0	12,306		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	665		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,030		16.00
17.00	WOUND CARE CENTER	75.01	0	1,480		17.00
18.00	EMERGENCY	91.00	0	22,621		18.00
19.00	GENESIS	93.01	0	677		19.00
20.00	HOWARD COUNTY CSS	93.06	0	9,502		20.00
21.00	CLINTON COUNTY	93.07	0	8,836		21.00
22.00	PSYCH MEDICATION	93.18	0	1,293		22.00
23.00	AMBULANCE SERVICES	95.00	0	4,206		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,763		24.00
	0		0	221,054		
H - Labor and Delivery						
1.00	NURSERY	43.00	206,620	82,582		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	572,827	228,948		2.00
	0		779,447	311,530		
I - Cafeteria Salary						
1.00	CAFETERIA	11.00	560,506	621,988		1.00
	0		560,506	621,988		
J - Therapy Recl ass						
1.00	OCCUPATIONAL THERAPY	67.00	225,435	73,914		1.00
2.00	SPEECH PATHOLOGY	68.00	70,634	23,159		2.00
	0		296,069	97,073		
K - Depreciation Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,851,259		1.00
	0		0	3,851,259		
L - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	104,978		1.00
	0		0	104,978		
M - Psych Admin Recl ass						
1.00	GENESIS	93.01	236,432	428,810		1.00
2.00	HOWARD COUNTY CSS	93.06	10,448	18,949		2.00
3.00	CLINTON COUNTY	93.07	24,666	44,736		3.00
4.00	NEW BEGINNINGS	93.43	18	32		4.00
	0		271,564	492,527		
N - Pastoral Ed Allied Health						
1.00	ADMINISTRATIVE & GENERAL	5.00	94,728	35,720		1.00
	0		94,728	35,720		
500.00	Grand Total: Increases		2,002,314	21,563,872		500.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 3:13 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - Chargeable Medical Supplies						
1.00		0.00	0	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	105	0	2.00
3.00	OPERATION OF PLANT	7.00	0	5,791	0	3.00
4.00	DIETARY	10.00	0	916	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	403,042	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	111,338	0	6.00
7.00	OPERATING ROOM	50.00	0	3,135,130	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	345,096	0	8.00
9.00	ONCOLOGY	54.01	0	31,686	0	9.00
10.00	CT SCAN	57.00	0	75,645	0	10.00
11.00	MRI	58.00	0	91,408	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,376,834	0	12.00
13.00	LABORATORY	60.00	0	562	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	88,437	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	2,516	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,535	0	16.00
17.00	DRUGS CHARGED TO PATIENTS	73.00	0	131,909	0	17.00
18.00	RENAL DIALYSIS	74.00	0	1,138	0	18.00
19.00	WOUND CARE CENTER	75.01	0	5,556	0	19.00
20.00	CARDIOPULMONARY	76.00	0	56	0	20.00
21.00	EMERGENCY	91.00	0	199,671	0	21.00
22.00	PSYCH MEDICATION	93.18	0	679	0	22.00
23.00	AMBULANCE SERVICES	95.00	0	53,917	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,798	0	24.00
25.00	MOBILE CLINIC	194.09	0	171	0	25.00
0			0	6,071,936		
B - Implantable Device Recl ass						
1.00	OPERATING ROOM	50.00	0	1,474,855	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,439,258	0	2.00
3.00	WOUND CARE CENTER	75.01	0	12,800	0	3.00
0			0	2,926,913		
C - Drugs Charges to Pat						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	28,912	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,115	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	21,120	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	5,584	0	4.00
5.00	OPERATING ROOM	50.00	0	13,783	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,338	0	6.00
7.00	ONCOLOGY	54.01	0	2,463	0	7.00
8.00	CT SCAN	57.00	0	50,033	0	8.00
9.00	MRI	58.00	0	32,056	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	24,693	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	697	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	935	0	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	70	0	13.00
14.00	RENAL DIALYSIS	74.00	0	622	0	14.00
15.00	WOUND CARE CENTER	75.01	0	6,942	0	15.00
16.00	EMERGENCY	91.00	0	7,076	0	16.00
17.00	AMBULANCE SERVICES	95.00	0	649	0	17.00
18.00	MOBILE CLINIC	194.09	0	2,097	0	18.00
0			0	208,185		
D - Depreciation Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,879	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,496,802	0	2.00
3.00	OPERATION OF PLANT	7.00	0	473,104	0	3.00
4.00	HOUSEKEEPING	9.00	0	27,792	0	4.00
5.00	DIETARY	10.00	0	86,226	0	5.00
6.00	CAFETERIA	11.00	0	120	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	81,906	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	235,002	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	47,846	0	9.00
10.00	OPERATING ROOM	50.00	0	309,949	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	310,037	0	11.00
12.00	ONCOLOGY	54.01	0	85,469	0	12.00
13.00	CT SCAN	57.00	0	7,075	0	13.00
14.00	MRI	58.00	0	278,454	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	265,293	0	15.00
16.00	LABORATORY	60.00	0	1,818	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	11,169	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	2,456	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	13,504	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,472	0	20.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 3:13 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,998	0	21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,562	0	22.00
23.00	WOUND CARE CENTER	75.01	0	1,726	0	23.00
24.00	EMERGENCY	91.00	0	45,907	0	24.00
25.00	AMBULANCE SERVICES	95.00	0	105,908	0	25.00
			0	5,967,474		
F - Infusion Equipment Rental						
1.00	OPERATION OF PLANT	7.00	0	653,235		1.00
			0	653,235		
G - STD BENEFIT						
1.00	ADMINISTRATIVE & GENERAL	5.00	28,105	0	0	1.00
2.00	OPERATION OF PLANT	7.00	6,660	0	0	2.00
3.00	HOUSEKEEPING	9.00	2,930	0	0	3.00
4.00	DIETARY	10.00	920	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	899	0	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	74,025	0	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	3,357	0	0	7.00
8.00	OPERATING ROOM	50.00	10,941	0	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	4,585	0	0	9.00
10.00	ONCOLOGY	54.01	3,988	0	0	10.00
11.00	CT SCAN	57.00	3,191	0	0	11.00
12.00	MRI	58.00	1,683	0	0	12.00
13.00	RESPIRATORY THERAPY	65.00	9,391	0	0	13.00
14.00	PHYSICAL THERAPY	66.00	12,306	0	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	665	0	0	15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	5,030	0	0	16.00
17.00	WOUND CARE CENTER	75.01	1,480	0	0	17.00
18.00	EMERGENCY	91.00	22,621	0	0	18.00
19.00	GENESIS	93.01	677	0	0	19.00
20.00	HOWARD COUNTY CSS	93.06	9,502	0	0	20.00
21.00	CLINTON COUNTY	93.07	8,836	0	0	21.00
22.00	PSYCH MEDICATION	93.18	1,293	0	0	22.00
23.00	AMBULANCE SERVICES	95.00	4,206	0	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	3,763	0	0	24.00
			221,054	0		
H - Labor and Delivery						
1.00	ADULTS & PEDIATRICS	30.00	779,447	311,530	0	1.00
2.00		0.00	0	0	0	2.00
			779,447	311,530		
I - Cafeteria Salary						
1.00	DIETARY	10.00	560,506	621,988	0	1.00
			560,506	621,988		
J - Therapy Recl ass						
1.00	PHYSICAL THERAPY	66.00	296,069	97,073	0	1.00
2.00		0.00	0	0	0	2.00
			296,069	97,073		
K - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,851,259	9	1.00
			0	3,851,259		
L - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	104,978	12	1.00
			0	104,978		
M - Psych Admin Recl ass						
1.00	ADMINISTRATIVE & GENERAL	5.00	271,564	492,527	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
			271,564	492,527		
N - Pastoral Ed Allied Health						
1.00	PASTORAL CARE	23.00	94,728	35,720	0	1.00
			94,728	35,720		
500.00	Grand Total: Decreases		2,223,368	21,342,818		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 3:13 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	4,468,000	0	0	0	85,000	1.00
2.00	Land Improvements	3,552,347	641,480	0	641,480	0	2.00
3.00	Buildings and Fixtures	97,697,502	4,813,133	0	4,813,133	615,457	3.00
4.00	Building Improvements	112,695	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	22,633,163	4,945,867	0	4,945,867	14,000	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	128,463,707	10,400,480	0	10,400,480	714,457	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	128,463,707	10,400,480	0	10,400,480	714,457	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,383,000	0				1.00
2.00	Land Improvements	4,193,827	0				2.00
3.00	Buildings and Fixtures	101,895,178	0				3.00
4.00	Building Improvements	112,695	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	27,565,030	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	138,149,730	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	138,149,730	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 3:13 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	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 3:13 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	110,784,702	0	110,784,702	0.800758	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,565,029	0	27,565,029	0.199242	0	2.00
3.00	Total (sum of lines 1-2)	138,349,731	0	138,349,731	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	3,851,259	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,116,215	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,967,474	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	104,978	0	0	3,956,237	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,116,215	2.00
3.00	Total (sum of lines 1-2)	0	104,978	0	0	6,072,452	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-26,113		ADMINISTRATIVE & GENERAL	5.00	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)	B	-4,782		ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-415,198				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	-382,784				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-406,280		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0		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		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0		ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISC INCOME	B	0		ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01 Misc Revenue	B	-19,108	ADMINISTRATIVE & GENERAL	5.00	0 33.01	
33.02 Misc Revenue	B	-46	MEDICAL RECORDS & LIBRARY	16.00	0 33.02	
33.03 Misc Revenue	B	-3,154	PASTORAL CARE	23.00	0 33.03	
33.04 Misc Revenue	B	-4,183	ELECTROCARDIOLOGY	69.00	0 33.04	
33.05 Vending Revenue	B	-7,149	DIETARY	10.00	0 33.05	
33.06 Misc Revenue Rental Lease	B	-87,107	HOWARD COUNTY CSS	93.06	0 33.06	
33.07 Misc Revenue	B		CARDIAC CATHETERIZATION	59.00	0 33.07	
33.08 Misc Revenue	B		LABORATORY	60.00	0 33.08	
33.09 Misc Revenue	B		RESPIRATORY THERAPY	65.00	0 33.09	
33.10 Misc Revenue	B		ELECTROCARDIOLOGY	69.00	0 33.10	
33.11 Misc Revenue	B		DRUGS CHARGED TO PATIENTS	73.00	0 33.11	
33.12 Misc Revenue	B		EMERGENCY	91.00	0 33.12	
33.13 Misc Revenue	B		HOWARD COUNTY CSS	93.06	0 33.13	
33.14 Misc Revenue	B		CLINTON COUNTY	93.07	0 33.14	
33.15 Vending Revenue	B		DIETARY	10.00	0 33.15	
33.16 MIS INCOME - SALES	B		ADMINISTRATIVE & GENERAL	5.00	9 33.16	
33.17 MIS INCOME - SALES	B		ELECTROCARDIOLOGY	69.00	0 33.17	
33.18 Misc Revenue Rental Lease	B		HOWARD COUNTY CSS	93.06	0 33.18	
33.19 SPACE RENTAL INCOME	B		CLINTON COUNTY	93.07	0 33.19	
34.00 HAF Tax Offset	A	-6,820,464	ADMINISTRATIVE & GENERAL	5.00	0 34.00	
34.01 12B Non-Allow Interest Expense	A	-41,177	ADMINISTRATIVE & GENERAL	5.00	0 34.01	
34.02 Physician Recruitment Expense	A	-29,914	ADMINISTRATIVE & GENERAL	5.00	0 34.02	
34.03 Charitable Contributions-Offset	A	-209,762	ADMINISTRATIVE & GENERAL	5.00	0 34.03	
34.04 Governing Board-Offset	A	-4,736	ADMINISTRATIVE & GENERAL	5.00	0 34.04	
34.05 Advertising Expense Offset	A	-44,659	ADMINISTRATIVE & GENERAL	5.00	0 34.05	
34.06 Advertising Expense Offset	A	-763	ADULTS & PEDIATRICS	30.00	0 34.06	
34.07 Loss on Assets	A	-93,869	ADMINISTRATIVE & GENERAL	5.00	0 34.07	
34.08 BH Professional Billing Expense	A	-672,950	GENESIS	93.01	0 34.08	
34.09 BH Professional Billing Expense	A	-420,239	HOWARD COUNTY CSS	93.06	0 34.09	
34.10 BH Professional Billing Expense	A	-275,304	CLINTON COUNTY	93.07	0 34.10	
34.11 Advertising Expense Offset	A		ADULTS & PEDIATRICS	30.00	11 34.11	
34.12 Medical Director Onset	A		ADMINISTRATIVE & GENERAL	5.00	0 34.12	
34.13 BH Professional Billing Expense	A		GENESIS	93.01	9 34.13	
34.14 BH Professional Billing Expense	A		HOWARD COUNTY CSS	93.06	0 34.14	
34.15 BH Professional Billing Expense	A		CLINTON COUNTY	93.07	0 34.15	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,969,741			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: 15-0007

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2019 3:13 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	SPECIALTY PURCH SVCS-A&G	628,252	377,926	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	SPECIALTY PURCH PT SVCS	86,587	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	SPECIALTY PURCH PT SVCS	0	23,585	3.00
3.01	57.00	CT SCAN	SPECIALTY PURCH PT SVCS	0	7,061	3.01
3.02	58.00	MRI	SPECIALTY PURCH PT SVCS	0	10,459	3.02
3.03	60.00	LABORATORY	SPECIALTY PURCH PT SVCS	0	217,420	3.03
3.04	65.00	RESPIRATORY THERAPY	SPECIALTY PURCH PT SVCS	0	584	3.04
3.05	68.00	SPEECH PATHOLOGY	SPECIALTY PURCH PT SVCS	0	18,787	3.05
3.06	69.00	ELECTROCARDIOLOGY	SPECIALTY PURCH PT SVCS	0	6,043	3.06
3.07	71.00	MEDICAL SUPPLIES CHARGED TO	SPECIALTY PURCH PT SVCS	0	1,574	3.07
3.08	73.00	DRUGS CHARGED TO PATIENTS	SPECIALTY PURCH PT SVCS	0	6,561	3.08
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,367,390	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	13,198,709	18,867,221	4.01
4.02	7.00	OPERATION OF PLANT	HOME OFFICE	217,394	0	4.02
4.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,386,348	0	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	999,111	0	4.04
4.05	30.00	ADULTS & PEDIATRICS	HOME OFFICE	117,769	0	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	38,679	0	4.06
4.07	54.01	ONCOLOGY	HOME OFFICE	136,655	0	4.07
4.08	69.00	ELECTROCARDIOLOGY	HOME OFFICE	64,514	0	4.08
4.09	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	348,063	0	4.09
4.10	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	564,966	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,154,437	19,537,221	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	CHNW	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

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

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

Provider CCN: 15-0007

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 3:13 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	250,326	0		1.00
2.00	86,587	0		2.00
3.00	-23,585	0		3.00
3.01	-7,061	0		3.01
3.02	-10,459	0		3.02
3.03	-217,420	0		3.03
3.04	-584	0		3.04
3.05	-18,787	0		3.05
3.06	-6,043	0		3.06
3.07	-1,574	0		3.07
3.08	-6,561	0		3.08
4.00	1,367,390	0		4.00
4.01	-5,668,512	0		4.01
4.02	217,394	0		4.02
4.03	1,386,348	0		4.03
4.04	999,111	0		4.04
4.05	117,769	0		4.05
4.06	38,679	0		4.06
4.07	136,655	0		4.07
4.08	64,514	0		4.08
4.09	348,063	0		4.09
4.10	564,966	0		4.10
5.00	-382,784	0		5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0007

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 3:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	93,322	492	92,830	211,500	642	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	293,820	293,820	0	0	0	2.00
3.00	75.01	AGGREGATE-WOUND CARE CENTER	93,336	93,336	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			480,478	387,648	92,830		642	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	65,280	3,264	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	75.01	AGGREGATE-WOUND CARE CENTER	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			65,280	3,264	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	65,280	27,550	28,042		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	293,820		2.00
3.00	75.01	AGGREGATE-WOUND CARE CENTER	0	0	0	93,336		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	65,280	27,550	415,198		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 3:13 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	3,956,237	3,956,237			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,116,215		2,116,215		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,728,741	35,944	19,226	1,783,911	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,663,956	996,941	533,271	185,733	5.00
7.00 00700	OPERATION OF PLANT	6,583,574	401,868	214,962	69,018	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	296,603	20,780	11,115	1,493	8.00
9.00 00900	HOUSEKEEPING	1,713,432	22,448	12,008	44,354	9.00
10.00 01000	DIETARY	639,020	105,693	56,536	14,551	10.00
11.00 01100	CAFETERIA	810,942	0	0	24,845	11.00
13.00 01300	NURSING ADMINISTRATION	2,159,708	6,968	3,727	26,187	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,000,189	28,515	15,253	0	16.00
17.00 01700	SOCIAL SERVICE	554,267	0	0	19,704	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	276,658	8,281	4,430	9,925	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,487,245	611,482	327,085	374,382	30.00
31.00 03100	INTENSIVE CARE UNIT	1,966,489	50,081	26,789	63,379	31.00
43.00 04300	NURSERY	289,202	0	0	9,159	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,978,857	189,801	101,526	103,246	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	801,775	0	0	25,391	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,296,899	184,041	98,444	59,463	54.00
54.01 03480	ONCOLOGY	2,950,912	196,817	105,279	59,419	54.01
57.00 05700	CT SCAN	739,776	5,751	3,076	19,083	57.00
58.00 05800	MRI	1,036,584	0	0	16,726	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,066,509	40,257	21,534	30,185	59.00
60.00 06000	LABORATORY	3,975,402	47,014	25,148	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,563,493	42,116	22,528	52,023	65.00
66.00 06600	PHYSICAL THERAPY	487,365	10,946	5,855	15,807	66.00
67.00 06700	OCCUPATIONAL THERAPY	299,349	6,738	3,604	9,993	67.00
68.00 06800	SPEECH PATHOLOGY	75,394	3,374	1,805	3,131	68.00
69.00 06900	ELECTROCARDIOLOGY	1,289,380	997	533	37,231	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	75,100	3,058	1,636	2,558	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,736,902	57,404	30,706	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,926,913	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,760,118	14,445	7,726	81,956	73.00
74.00 07400	RENAL DIALYSIS	344,709	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	470,897	19,803	10,592	17,162	75.01
76.00 03160	CARDIOPULMONARY	215,412	0	0	6,873	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,700,354	219,141	117,220	109,929	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	1,458,737	0	0	58,817	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	244,752	0	0	17,378	93.06
93.07 04957	CLINTON COUNTY	318,879	0	0	14,972	93.07
93.18 04968	PSYCH MEDICATION	526,228	0	0	17,724	93.18
93.43 04993	NEW BEGINNINGS	1,653	0	0	1	93.43
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,507,563	16,582	8,870	42,948	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW - SNF	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	113,092,390	3,347,286	1,790,484	1,644,746	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	91,699	0	0	2,867	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,851,827	288,737	154,447	79,422	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HEALTHY CHILDREN	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.08 07958 SOUTH BERKLEY BLDG	9,037	0	0	0	9,037	194.08
194.09 07959 MOBILE CLINIC	47,288	0	0	1,847	49,135	194.09
194.10 07960 PLASTIC SURGERY	22,466	0	0	0	22,466	194.10
194.11 07961 KOKOMO SCHOOL BASED	1,449,957	0	0	55,029	1,504,986	194.11
194.15 07965 INDIANA SURGERY CENTER	298	320,214	171,284	0	491,796	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	117,564,962	3,956,237	2,116,215	1,783,911	117,564,962	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/29/2019 3:13 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,379,901					5.00
7.00	00700	OPERATION OF PLANT	1,804,518	9,073,940				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,915	55,178	467,084			8.00
9.00	00900	HOUSEKEEPING	444,895	59,606	0	2,296,743		9.00
10.00	01000	DIETARY	202,509	280,648	0	71,946	1,370,903	10.00
11.00	01100	CAFETERIA	207,471	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	545,268	18,503	0	4,743	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	259,146	75,717	0	19,411	0	16.00
17.00	01700	SOCIAL SERVICE	142,479	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	74,295	21,990	0	5,637	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,177,443	1,623,671	399,499	416,240	1,172,539	30.00
31.00	03100	INTENSIVE CARE UNIT	522,964	132,981	46,429	34,091	136,271	31.00
43.00	04300	NURSERY	74,063	0	21,156	0	62,093	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,333,868	503,981	0	129,199	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,331	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	655,052	488,684	0	125,278	0	54.00
54.01	03480	ONCOLOGY	822,257	522,611	0	133,975	0	54.01
57.00	05700	CT SCAN	190,566	15,271	0	3,915	0	57.00
58.00	05800	MRI	261,467	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	287,575	106,894	0	27,403	0	59.00
60.00	06000	LABORATORY	1,004,743	124,837	0	32,003	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	417,073	111,832	0	28,669	0	65.00
66.00	06600	PHYSICAL THERAPY	129,075	29,065	0	7,451	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,356	17,892	0	4,587	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,778	8,959	0	2,297	0	68.00
69.00	06900	ELECTROCARDIOLOGY	329,690	2,647	0	679	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,443	8,119	0	2,081	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,694,200	152,426	0	39,075	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	726,559	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,938,013	38,355	0	9,832	0	73.00
74.00	07400	RENAL DIALYSIS	85,568	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	128,698	52,582	0	13,480	0	75.01
76.00	03160	CARDIOPULMONARY	55,179	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,029,338	581,886	0	149,171	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	376,708	755,894	0	193,779	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	65,070	251,965	0	64,593	0	93.06
93.07	04957	CLINTON COUNTY	82,873	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	135,027	111,984	0	28,708	0	93.18
93.43	04993	NEW BEGINNINGS	411	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	391,208	44,030	0	11,287	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,003,092	6,198,208	467,084	1,559,530	1,370,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	23,474	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	837,649	2,025,465	0	519,241	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	2,243	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	12,197	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	5,577	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	373,589	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	122,080	850,267	0	217,972	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	23,379,901	9,073,940	467,084	2,296,743	1,370,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/29/2019 3:13 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,043,258					11.00
13.00	01300	NURSING ADMINISTRATION	23,070	2,788,174				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,398,231			16.00
17.00	01700	SOCIAL SERVICE	17,332	60,476	0	794,258		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	8,730	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	336,114	1,271,482	120,730	679,332	0	30.00
31.00	03100	INTENSIVE CARE UNIT	55,880	233,433	18,735	78,951	0	31.00
43.00	04300	NURSERY	8,056	35,714	2,667	35,975	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	106,066	325,981	142,905	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,335	99,013	6,555	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,775	0	57,082	0	0	54.00
54.01	03480	ONCOLOGY	52,422	93,750	89,932	0	0	54.01
57.00	05700	CT SCAN	16,910	0	78,318	0	0	57.00
58.00	05800	MRI	5,845	15,576	33,076	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,551	98,333	126,403	0	0	59.00
60.00	06000	LABORATORY	0	0	137,069	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	46,127	0	23,730	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,078	0	4,001	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,790	0	2,459	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,754	0	767	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,775	31,647	35,809	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,250	0	503	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	53,329	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	36,271	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,286	126	227,446	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,805	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	15,154	39,232	6,643	0	0	75.01
76.00	03160	CARDIOPULMONARY	6,046	18,541	2,695	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	106,912	406,365	165,132	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	0	9,531	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	421	0	0	93.06
93.07	04957	CLINTON COUNTY	0	0	994	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	58,463	0	0	0	93.18
93.43	04993	NEW BEGINNINGS	0	0	1	0	0	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	42	13,222	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,043,258	2,788,174	1,398,231	794,258	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2018

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	0 194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	0 194.16
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	1,043,258	2,788,174	1,398,231	794,258		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
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Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
23.00	02300	PASTORAL CARE	409,946				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	409,946	22,407,190	0	22,407,190	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,366,473	0	3,366,473	31.00
43.00	04300	NURSERY	0	538,085	0	538,085	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,915,430	0	7,915,430	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,160,400	0	1,160,400	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,020,718	0	4,020,718	54.00
54.01	03480	ONCOLOGY	0	5,027,374	0	5,027,374	54.01
57.00	05700	CT SCAN	0	1,072,666	0	1,072,666	57.00
58.00	05800	MRI	0	1,369,274	0	1,369,274	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,831,644	0	1,831,644	59.00
60.00	06000	LABORATORY	0	5,346,216	0	5,346,216	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,307,591	0	2,307,591	65.00
66.00	06600	PHYSICAL THERAPY	0	704,643	0	704,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	432,768	0	432,768	67.00
68.00	06800	SPEECH PATHOLOGY	0	119,259	0	119,259	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,761,388	0	1,761,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	115,748	0	115,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,764,042	0	8,764,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,689,743	0	3,689,743	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,150,303	0	20,150,303	73.00
74.00	07400	RENAL DIALYSIS	0	432,082	0	432,082	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	774,243	0	774,243	75.01
76.00	03160	CARDIOPULMONARY	0	304,746	0	304,746	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	6,585,448	0	6,585,448	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01	04951	GENESIS	0	2,853,466	0	2,853,466	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	644,179	0	644,179	93.06
93.07	04957	CLINTON COUNTY	0	417,718	0	417,718	93.07
93.18	04968	PSYCH MEDICATION	0	878,134	0	878,134	93.18
93.43	04993	NEW BEGINNINGS	0	2,066	0	2,066	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,035,752	0	2,035,752	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	409,946	107,028,789	0	107,028,789	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	118,040	0	118,040	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,756,788	0	6,756,788	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	11,280	0	11,280	194.08
194.09	07959	MOBILE CLINIC	0	61,332	0	61,332	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
194.10	07960	PLASTIC SURGERY	0	28,043	0	28,043	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	1,878,575	0	1,878,575	194.11
194.15	07965	INDIANA SURGERY CENTER	0	1,682,115	0	1,682,115	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	409,946	117,564,962	0	117,564,962	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:13 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
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	35,944	19,226	55,170	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	194,328	996,941	533,271	1,724,540	5.00	
7.00	00700	OPERATION OF PLANT	219,178	401,868	214,962	836,008	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,780	11,115	31,895	8.00	
9.00	00900	HOUSEKEEPING	0	22,448	12,008	34,456	9.00	
10.00	01000	DIETARY	0	105,693	56,536	162,229	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	0	6,968	3,727	10,695	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,090	28,515	15,253	44,858	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
23.00	02300	PASTORAL CARE	0	8,281	4,430	12,711	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,680	611,482	327,085	954,247	30.00	
31.00	03100	INTENSIVE CARE UNIT	4	50,081	26,789	76,874	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	110,380	189,801	101,526	401,707	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	293,561	184,041	98,444	576,046	54.00	
54.01	03480	ONCOLOGY	653,355	196,817	105,279	955,451	54.01	
57.00	05700	CT SCAN	116,541	5,751	3,076	125,368	57.00	
58.00	05800	MRI	474,277	0	0	474,277	58.00	
59.00	05900	CARDIAC CATHETERIZATION	87,868	40,257	21,534	149,659	59.00	
60.00	06000	LABORATORY	0	47,014	25,148	72,162	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	8,350	42,116	22,528	72,994	65.00	
66.00	06600	PHYSICAL THERAPY	0	10,946	5,855	16,801	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	6,738	3,604	10,342	67.00	
68.00	06800	SPEECH PATHOLOGY	0	3,374	1,805	5,179	68.00	
69.00	06900	ELECTROCARDIOLOGY	124,329	997	533	125,859	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,058	1,636	4,694	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	57,404	30,706	88,110	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	321,020	14,445	7,726	343,191	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	
75.01	03950	WOUND CARE CENTER	13,275	19,803	10,592	43,670	75.01	
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	219,141	117,220	336,361	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00	
93.01	04951	GENESIS	311	0	0	311	93.01	
93.02	04952	WOMEN'S CENTER	0	0	0	0	93.02	
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	93.03	
93.04	04954	DR. STEELE	0	0	0	0	93.04	
93.05	04955	DIABETIC EDUCATION	0	0	0	0	93.05	
93.06	04956	HOWARD COUNTY CSS	96,668	0	0	96,668	93.06	
93.07	04957	CLINTON COUNTY	70,172	0	0	70,172	93.07	
93.18	04968	PSYCH MEDICATION	0	0	0	0	93.18	
93.43	04993	NEW BEGINNINGS	0	0	0	0	93.43	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	16,582	8,870	25,452	95.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW - SNF					114.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,800,387	3,347,286	1,790,484	7,938,157	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	190.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	305,378	288,737	154,447	748,562	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00	
194.00	07950	HEALTHY CHILDREN	0	0	0	0	194.00	
194.08	07958	SOUTH BERKLEY BLDG	5,338	0	0	5,338	194.08	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

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

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			
	0			2A	4.00	
194.09 07959 MOBILE CLINIC	121	0	0	121	57	194.09
194.10 07960 PLASTIC SURGERY	22,466	0	0	22,466	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	1,178	0	0	1,178	1,702	194.11
194.15 07965 INDIANA SURGERY CENTER	249	320,214	171,284	491,747	0	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	3,135,117	3,956,237	2,116,215	9,207,569	55,170	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:13 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,730,285					5.00
7.00	00700	OPERATION OF PLANT	133,547	971,690				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,062	5,909	43,912			8.00
9.00	00900	HOUSEKEEPING	32,925	6,383	0	75,136		9.00
10.00	01000	DIETARY	14,987	30,053	0	2,354	210,073	10.00
11.00	01100	CAFETERIA	15,354	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	40,354	1,981	0	155	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,179	8,108	0	635	0	16.00
17.00	01700	SOCIAL SERVICE	10,544	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	5,498	2,355	0	184	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	235,152	173,872	37,558	13,617	179,676	30.00
31.00	03100	INTENSIVE CARE UNIT	38,703	14,240	4,365	1,115	20,882	31.00
43.00	04300	NURSERY	5,481	0	1,989	0	9,515	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,715	53,969	0	4,227	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,196	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,478	52,331	0	4,098	0	54.00
54.01	03480	ONCOLOGY	60,853	55,964	0	4,383	0	54.01
57.00	05700	CT SCAN	14,103	1,635	0	128	0	57.00
58.00	05800	MRI	19,350	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,283	11,447	0	896	0	59.00
60.00	06000	LABORATORY	74,358	13,368	0	1,047	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	30,866	11,976	0	938	0	65.00
66.00	06600	PHYSICAL THERAPY	9,552	3,112	0	244	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,873	1,916	0	150	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,538	959	0	75	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,399	283	0	22	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,513	869	0	68	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	125,382	16,323	0	1,278	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,770	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	291,453	4,107	0	322	0	73.00
74.00	07400	RENAL DIALYSIS	6,333	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	9,525	5,631	0	441	0	75.01
76.00	03160	CARDIOPULMONARY	4,084	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	76,178	62,312	0	4,880	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	27,879	80,946	0	6,339	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	4,816	26,982	0	2,113	0	93.06
93.07	04957	CLINTON COUNTY	6,133	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	9,993	11,992	0	939	0	93.18
93.43	04993	NEW BEGINNINGS	30	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	28,952	4,715	0	369	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,628,391	663,738	43,912	51,017	210,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	1,737	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	61,992	216,901	0	16,988	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	166	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	903	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	413	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	27,648	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	9,035	91,051	0	7,131	0	194.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

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

Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,730,285	971,690	43,912	75,136	210,073	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 3:13 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	16,122					11.00
13.00	01300	NURSING ADMINISTRATION	357	54,352				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	72,780			16.00
17.00	01700	SOCIAL SERVICE	268	1,179	0	12,600		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	135	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,185	24,784	6,297	10,777		30.00
31.00	03100	INTENSIVE CARE UNIT	864	4,551	977	1,252		31.00
43.00	04300	NURSERY	125	696	139	571		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,640	6,355	7,453	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	345	1,930	342	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	863	0	2,977	0		54.00
54.01	03480	ONCOLOGY	811	1,828	4,691	0		54.01
57.00	05700	CT SCAN	262	0	4,085	0		57.00
58.00	05800	MRI	90	304	1,725	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	411	1,917	6,593	411		59.00
60.00	06000	LABORATORY	0	0	7,149	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	713	0	1,238	0		65.00
66.00	06600	PHYSICAL THERAPY	233	0	209	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	136	0	128	0		67.00
68.00	06800	SPEECH PATHOLOGY	43	0	40	0		68.00
69.00	06900	ELECTROCARDIOLOGY	507	617	1,868	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35	0	26	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,781	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,892	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,118	2	11,715	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	94	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03950	WOUND CARE CENTER	234	765	346	0		75.01
76.00	03160	CARDIOPULMONARY	94	361	141	0		76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,653	7,922	8,613	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0		93.00
93.01	04951	GENESIS	0	0	497	0		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0		93.03
93.04	04954	DR. STEELE	0	0	0	0		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0		93.05
93.06	04956	HOWARD COUNTY CSS	0	0	22	0		93.06
93.07	04957	CLINTON COUNTY	0	0	52	0		93.07
93.18	04968	PSYCH MEDICATION	0	1,140	0	0		93.18
93.43	04993	NEW BEGINNINGS	0	0	0	0		93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1	690	0		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,122	54,352	72,780	12,600	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0		194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0		194.08
194.09	07959	MOBILE CLINIC	0	0	0	0		194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0		194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0		194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
194.15 07965	INDIANA SURGERY CENTER	0	0	0	0		194.15
194.16 07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0		194.16
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)	16,122	54,352	72,780	12,600		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 3:13 pm
Cost Center Description	PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00 02300	PASTORAL CARE	21,190			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	1,652,739	0	1,652,739	30.00
31.00 03100	INTENSIVE CARE UNIT	165,783	0	165,783	31.00
43.00 04300	NURSERY	18,799	0	18,799	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	577,259	0	577,259	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	18,598	0	18,598	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	686,632	0	686,632	54.00
54.01 03480	ONCOLOGY	1,085,819	0	1,085,819	54.01
57.00 05700	CT SCAN	146,171	0	146,171	57.00
58.00 05800	MRI	496,263	0	496,263	58.00
59.00 05900	CARDIAC CATHETERIZATION	193,140	0	193,140	59.00
60.00 06000	LABORATORY	168,084	0	168,084	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	120,334	0	120,334	65.00
66.00 06600	PHYSICAL THERAPY	30,640	0	30,640	66.00
67.00 06700	OCCUPATIONAL THERAPY	18,854	0	18,854	67.00
68.00 06800	SPEECH PATHOLOGY	7,931	0	7,931	68.00
69.00 06900	ELECTROCARDIOLOGY	154,707	0	154,707	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	7,284	0	7,284	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,874	0	233,874	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	55,662	0	55,662	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	654,443	0	654,443	73.00
74.00 07400	RENAL DIALYSIS	6,427	0	6,427	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	61,143	0	61,143	75.01
76.00 03160	CARDIOPULMONARY	4,893	0	4,893	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	501,319	0	501,319	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01 04951	GENESIS	117,791	0	117,791	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	131,139	0	131,139	93.06
93.07 04957	CLINTON COUNTY	76,820	0	76,820	93.07
93.18 04968	PSYCH MEDICATION	24,612	0	24,612	93.18
93.43 04993	NEW BEGINNINGS	30	0	30	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	61,507	0	61,507	95.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW - SNF				114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	7,478,697	0	7,478,697
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	1,826	0	1,826	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,046,900	0	1,046,900	192.00
193.00 19300	NONPAID WORKERS	0	0	0	193.00
194.00 07950	HEALTHY CHILDREN	0	0	0	194.00
194.08 07958	SOUTH BERKLEY BLDG	5,504	0	5,504	194.08
194.09 07959	MOBILE CLINIC	1,081	0	1,081	194.09

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 3:13 pm		
Cost Center Description		PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
194.10	07960 PLASTIC SURGERY		22,879	0	22,879	194.10
194.11	07961 KOKOMO SCHOOL BASED		30,528	0	30,528	194.11
194.15	07965 INDIANA SURGERY CENTER		598,964	0	598,964	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH		0	0	0	194.16
200.00	Cross Foot Adjustments	21,190	21,190	0	21,190	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	21,190	9,207,569	0	9,207,569	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	412,755					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		412,755				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	40,245,282			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	104,011	104,011	4,190,159	-23,379,901	94,185,061	5.00
7.00 00700	OPERATION OF PLANT	41,927	41,927	1,557,058	0	7,269,422	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,168	2,168	33,673	0	329,991	8.00
9.00 00900	HOUSEKEEPING	2,342	2,342	1,000,633	0	1,792,242	9.00
10.00 01000	DIETARY	11,027	11,027	328,266	0	815,800	10.00
11.00 01100	CAFETERIA	0	0	560,506	0	835,787	11.00
13.00 01300	NURSING ADMINISTRATION	727	727	590,784	0	2,196,590	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,975	2,975	0	0	1,043,957	16.00
17.00 01700	SOCIAL SERVICE	0	0	444,531	0	573,971	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	864	864	223,910	0	299,294	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	63,796	63,796	8,446,138	0	12,800,194	30.00
31.00 03100	INTENSIVE CARE UNIT	5,225	5,225	1,429,841	0	2,106,738	31.00
43.00 04300	NURSERY	0	0	206,620	0	298,361	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	19,802	19,802	2,329,240	0	5,373,430	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	572,827	0	827,166	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,201	19,201	1,341,499	0	2,638,847	54.00
54.01 03480	ONCOLOGY	20,534	20,534	1,340,502	0	3,312,427	54.01
57.00 05700	CT SCAN	600	600	430,516	0	767,686	57.00
58.00 05800	MRI	0	0	377,347	0	1,053,310	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,200	4,200	680,981	0	1,158,485	59.00
60.00 06000	LABORATORY	4,905	4,905	0	0	4,047,564	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,394	4,394	1,173,646	0	1,680,160	65.00
66.00 06600	PHYSICAL THERAPY	1,142	1,142	356,616	0	519,973	66.00
67.00 06700	OCCUPATIONAL THERAPY	703	703	225,435	0	319,684	67.00
68.00 06800	SPEECH PATHOLOGY	352	352	70,634	0	83,704	68.00
69.00 06900	ELECTROCARDIOLOGY	104	104	839,932	0	1,328,141	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	319	319	57,707	0	82,352	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,989	5,989	0	0	6,825,012	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,926,913	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,507	1,507	1,848,927	0	15,864,245	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	344,709	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	2,066	2,066	387,172	0	518,454	75.01
76.00 03160	CARDIOPULMONARY	0	0	155,064	0	222,285	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	22,863	22,863	2,480,007	0	4,146,644	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 04951	GENESIS	0	0	1,326,912	0	1,517,554	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	0	0	392,061	0	262,130	93.06
93.07 04957	CLINTON COUNTY	0	0	337,760	0	333,851	93.07
93.18 04968	PSYCH MEDICATION	0	0	399,861	0	543,952	93.18
93.43 04993	NEW BEGINNINGS	0	0	18	0	1,654	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	1,730	1,730	968,923	0	1,575,963	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	349,223	349,223	37,105,706	-23,379,901	88,638,642	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	0	0	64,670	0	94,566	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	30,124	30,124	1,791,780	0	3,374,433	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	HEALTHY CHILDREN	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.08 07958 SOUTH BERKLEY BLDG	0	0	0	0	9,037	194.08
194.09 07959 MOBILE CLINIC	0	0	41,665	0	49,135	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	22,466	194.10
194.11 07961 KOKOMO SCHOOL BASED	0	0	1,241,461	0	1,504,986	194.11
194.15 07965 INDIANA SURGERY CENTER	33,408	33,408	0	0	491,796	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	3,956,237	2,116,215	1,783,911		23,379,901	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.584952	5.127049	0.044326		0.248234	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			55,170		1,730,285	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001371		0.018371	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: 15-0007

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)		
		7.00	8.00	9.00	10.00	11.00		
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	
7.00	00700	OPERATION OF PLANT	356,526				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	17,243			8.00	
9.00	00900	HOUSEKEEPING	2,342	0	352,016		9.00	
10.00	01000	DIETARY	11,027	0	11,027	17,243	10.00	
11.00	01100	CAFETERIA	0	0	0	26,757,402	11.00	
13.00	01300	NURSING ADMINISTRATION	727	0	727	0	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	0	2,975	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	444,531	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
23.00	02300	PASTORAL CARE	864	0	864	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,796	14,748	63,796	14,748	8,620,897	30.00
31.00	03100	INTENSIVE CARE UNIT	5,225	1,714	5,225	1,714	1,433,198	31.00
43.00	04300	NURSERY	0	781	0	781	206,620	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,802	0	19,802	0	2,720,342	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	572,827	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	0	19,201	0	1,430,496	54.00
54.01	03480	ONCOLOGY	20,534	0	20,534	0	1,344,490	54.01
57.00	05700	CT SCAN	600	0	600	0	433,707	57.00
58.00	05800	MRI	0	0	0	0	149,906	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,200	0	4,200	0	680,981	59.00
60.00	06000	LABORATORY	4,905	0	4,905	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,394	0	4,394	0	1,183,037	65.00
66.00	06600	PHYSICAL THERAPY	1,142	0	1,142	0	386,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	703	0	703	0	225,435	67.00
68.00	06800	SPEECH PATHOLOGY	352	0	352	0	70,634	68.00
69.00	06900	ELECTROCARDIOLOGY	104	0	104	0	840,597	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	319	0	319	0	57,707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,989	0	5,989	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,507	0	1,507	0	1,853,957	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
75.01	03950	WOUND CARE CENTER	2,066	0	2,066	0	388,652	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	155,064	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	22,863	0	22,863	0	2,742,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	29,700	0	29,700	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	9,900	0	9,900	0	0	93.06
93.07	04957	CLINTON COUNTY	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	4,400	0	4,400	0	0	93.18
93.43	04993	NEW BEGINNINGS	0	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,730	0	1,730	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,535	17,243	239,025	17,243	26,757,402	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,583	0	79,583	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	0	194.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.15	07965 INDIANA SURGERY CENTER	33,408	0	33,408	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	9,073,940	467,084	2,296,743	1,370,903	1,043,258	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.450991	27.088326	6.524541	79.504901	0.038990	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	971,690	43,912	75,136	210,073	16,122	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.725439	2.546657	0.213445	12.183089	0.000603	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: 15-0007

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	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
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
13.00	01300	12,994,146					13.00
16.00	01600		548,224,940				16.00
17.00	01700	281,847		17,243			17.00
19.00	01900				0		19.00
23.00	02300					100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,925,700	47,345,160	14,748	0	100	30.00
31.00	03100	1,087,899	7,347,139	1,714	0	0	31.00
43.00	04300	166,444	1,045,974	781	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,519,215	56,041,207	0	0	0	50.00
52.00	05200	461,443	2,570,587	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	22,385,033	0	0	0	54.00
54.01	03480	436,916	35,267,480	0	0	0	54.01
57.00	05700	0	30,712,899	0	0	0	57.00
58.00	05800	72,592	12,970,853	0	0	0	58.00
59.00	05900	458,273	49,569,899	0	0	0	59.00
60.00	06000	0	53,752,541	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	9,305,781	0	0	0	65.00
66.00	06600	0	1,568,991	0	0	0	66.00
67.00	06700	0	964,267	0	0	0	67.00
68.00	06800	0	300,631	0	0	0	68.00
69.00	06900	147,488	14,042,731	0	0	0	69.00
70.00	07000	0	197,426	0	0	0	70.00
71.00	07100	0	20,913,398	0	0	0	71.00
72.00	07200	0	14,223,899	0	0	0	72.00
73.00	07300	585	89,093,815	0	0	0	73.00
74.00	07400	0	707,657	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	182,839	2,604,952	0	0	0	75.01
76.00	03160	86,411	1,057,048	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,893,838	64,757,623	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	3,737,516	0	0	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	0	165,164	0	0	0	93.06
93.07	04957	0	389,916	0	0	0	93.07
93.18	04968	272,462	0	0	0	0	93.18
93.43	04993	0	280	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	194	5,185,073	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		12,994,146	548,224,940	17,243	0	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	2,788,174	1,398,231	794,258	0	409,946	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.214572	0.002550	46.062634	0.000000	4,099.460000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	54,352	72,780	12,600	0	21,190	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004183	0.000133	0.730731	0.000000	211.900000	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: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:13 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		22,407,190	0	22,407,190
31.00	03100 INTENSIVE CARE UNIT		3,366,473	0	3,366,473
43.00	04300 NURSERY		538,085	0	538,085
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		7,915,430	0	7,915,430
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,160,400	0	1,160,400
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,020,718	0	4,020,718
54.01	03480 ONCOLOGY		5,027,374	0	5,027,374
57.00	05700 CT SCAN		1,072,666	0	1,072,666
58.00	05800 MRI		1,369,274	0	1,369,274
59.00	05900 CARDIAC CATHETERIZATION		1,831,644	0	1,831,644
60.00	06000 LABORATORY		5,346,216	0	5,346,216
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,307,591	0	2,307,591
66.00	06600 PHYSICAL THERAPY	0	704,643	0	704,643
67.00	06700 OCCUPATIONAL THERAPY	0	432,768	0	432,768
68.00	06800 SPEECH PATHOLOGY	0	119,259	0	119,259
69.00	06900 ELECTROCARDIOLOGY		1,761,388	0	1,761,388
70.00	07000 ELECTROENCEPHALOGRAPHY		115,748	0	115,748
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,764,042	0	8,764,042
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,689,743	0	3,689,743
73.00	07300 DRUGS CHARGED TO PATIENTS		20,150,303	0	20,150,303
74.00	07400 RENAL DIALYSIS		432,082	0	432,082
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		774,243	0	774,243
76.00	03160 CARDIOPULMONARY		304,746	0	304,746
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		6,585,448	0	6,585,448
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,662,833	0	2,662,833
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		2,853,466	0	2,853,466
93.02	04952 WOMEN'S CENTER		0	0	0
93.03	04953 RESIDENTIAL HOMES		0	0	0
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		0	0	0
93.06	04956 HOWARD COUNTY CSS		644,179	0	644,179
93.07	04957 CLINTON COUNTY		417,718	0	417,718
93.18	04968 PSYCH MEDICATION		878,134	0	878,134
93.43	04993 NEW BEGINNINGS		2,066	0	2,066
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		2,035,752	0	2,035,752
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
114.00	11400 UTILIZATION REVIEW - SNF				
200.00	Subtotal (see instructions)		109,691,622	0	109,691,622
201.00	Less Observation Beds		2,662,833	0	2,662,833
202.00	Total (see instructions)		107,028,789	0	107,028,789

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/29/2019 3:13 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	44,361,115		44,361,115				30.00
31.00	03100	INTENSIVE CARE UNIT	7,347,139		7,347,139				31.00
43.00	04300	NURSERY	1,045,974		1,045,974				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,399,898	31,641,309	56,041,207	0.141243	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,570,587	0	2,570,587	0.451414	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,041,039	19,343,994	22,385,033	0.179616	0.000000		54.00
54.01	03480	ONCOLOGY	500,760	34,766,720	35,267,480	0.142550	0.000000		54.01
57.00	05700	CT SCAN	6,250,129	24,462,770	30,712,899	0.034926	0.000000		57.00
58.00	05800	MRI	951,087	12,019,766	12,970,853	0.105565	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,333,512	31,236,387	49,569,899	0.036951	0.000000		59.00
60.00	06000	LABORATORY	18,119,392	35,633,149	53,752,541	0.099460	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	6,768,165	2,537,616	9,305,781	0.247974	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,400,001	168,990	1,568,991	0.449106	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	854,639	109,628	964,267	0.448805	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	151,693	148,938	300,631	0.396696	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,243,208	10,799,523	14,042,731	0.125431	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	62,628	134,798	197,426	0.586285	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,893,883	10,019,515	20,913,398	0.419064	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,386,866	6,837,033	14,223,899	0.259404	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,601,754	73,492,061	89,093,815	0.226169	0.000000		73.00
74.00	07400	RENAL DIALYSIS	707,657	0	707,657	0.610581	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03950	WOUND CARE CENTER	192,114	2,412,838	2,604,952	0.297220	0.000000		75.01
76.00	03160	CARDIOPULMONARY	2,285	1,054,763	1,057,048	0.288299	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	13,007,396	51,750,227	64,757,623	0.101694	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	482,440	2,501,605	2,984,045	0.892357	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
93.01	04951	GENESIS	0	3,737,516	3,737,516	0.763466	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000		93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	0	165,164	165,164	3.900239	0.000000		93.06
93.07	04957	CLINTON COUNTY	0	389,916	389,916	1.071303	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	0.000000		93.18
93.43	04993	NEW BEGINNINGS	0	280	280	7.378571	0.000000		93.43
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	5,185,073	5,185,073	0.392618	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW - SNF							114.00
200.00		Subtotal (see instructions)	187,675,361	360,549,579	548,224,940				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	187,675,361	360,549,579	548,224,940				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:13 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.141243		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.451414		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179616		54.00
54.01	03480 ONCOLOGY	0.142550		54.01
57.00	05700 CT SCAN	0.034926		57.00
58.00	05800 MRI	0.105565		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.036951		59.00
60.00	06000 LABORATORY	0.099460		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.247974		65.00
66.00	06600 PHYSICAL THERAPY	0.449106		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.448805		67.00
68.00	06800 SPEECH PATHOLOGY	0.396696		68.00
69.00	06900 ELECTROCARDIOLOGY	0.125431		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.586285		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.419064		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.259404		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226169		73.00
74.00	07400 RENAL DIALYSIS	0.610581		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.297220		75.01
76.00	03160 CARDIOPULMONARY	0.288299		76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.101694		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.892357		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.763466		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	3.900239		93.06
93.07	04957 CLINTON COUNTY	1.071303		93.07
93.18	04968 PSYCH MEDICATION	0.000000		93.18
93.43	04993 NEW BEGINNINGS	7.378571		93.43
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.392618		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW - SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 3:13 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,407,190		22,407,190	0	22,407,190	30.00
31.00	03100	INTENSIVE CARE UNIT	3,366,473		3,366,473	0	3,366,473	31.00
43.00	04300	NURSERY	538,085		538,085	0	538,085	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,915,430		7,915,430	0	7,915,430	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,160,400		1,160,400	0	1,160,400	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,020,718		4,020,718	0	4,020,718	54.00
54.01	03480	ONCOLOGY	5,027,374		5,027,374	0	5,027,374	54.01
57.00	05700	CT SCAN	1,072,666		1,072,666	0	1,072,666	57.00
58.00	05800	MRI	1,369,274		1,369,274	0	1,369,274	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,831,644		1,831,644	0	1,831,644	59.00
60.00	06000	LABORATORY	5,346,216		5,346,216	0	5,346,216	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,307,591	0	2,307,591	0	2,307,591	65.00
66.00	06600	PHYSICAL THERAPY	704,643	0	704,643	0	704,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	432,768	0	432,768	0	432,768	67.00
68.00	06800	SPEECH PATHOLOGY	119,259	0	119,259	0	119,259	68.00
69.00	06900	ELECTROCARDIOLOGY	1,761,388		1,761,388	0	1,761,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,748		115,748	0	115,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,764,042		8,764,042	0	8,764,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,689,743		3,689,743	0	3,689,743	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,150,303		20,150,303	0	20,150,303	73.00
74.00	07400	RENAL DIALYSIS	432,082		432,082	0	432,082	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03950	WOUND CARE CENTER	774,243		774,243	0	774,243	75.01
76.00	03160	CARDIOPULMONARY	304,746		304,746	0	304,746	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,585,448		6,585,448	0	6,585,448	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,662,833		2,662,833	0	2,662,833	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
93.01	04951	GENESIS	2,853,466		2,853,466	0	2,853,466	93.01
93.02	04952	WOMEN'S CENTER	0		0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0		0	0	0	93.03
93.04	04954	DR. STEELE	0		0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0		0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	644,179		644,179	0	644,179	93.06
93.07	04957	CLINTON COUNTY	417,718		417,718	0	417,718	93.07
93.18	04968	PSYCH MEDICATION	878,134		878,134	0	878,134	93.18
93.43	04993	NEW BEGINNINGS	2,066		2,066	0	2,066	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,035,752		2,035,752	0	2,035,752	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	109,691,622	0	109,691,622	0	109,691,622	200.00
201.00		Less Observation Beds	2,662,833		2,662,833		2,662,833	201.00
202.00		Total (see instructions)	107,028,789	0	107,028,789	0	107,028,789	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/29/2019 3:13 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,361,115		44,361,115			30.00
31.00	03100	INTENSIVE CARE UNIT	7,347,139		7,347,139			31.00
43.00	04300	NURSERY	1,045,974		1,045,974			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,399,898	31,641,309	56,041,207	0.141243	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,570,587	0	2,570,587	0.451414	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,041,039	19,343,994	22,385,033	0.179616	0.000000	54.00
54.01	03480	ONCOLOGY	500,760	34,766,720	35,267,480	0.142550	0.000000	54.01
57.00	05700	CT SCAN	6,250,129	24,462,770	30,712,899	0.034926	0.000000	57.00
58.00	05800	MRI	951,087	12,019,766	12,970,853	0.105565	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,333,512	31,236,387	49,569,899	0.036951	0.000000	59.00
60.00	06000	LABORATORY	18,119,392	35,633,149	53,752,541	0.099460	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	6,768,165	2,537,616	9,305,781	0.247974	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,400,001	168,990	1,568,991	0.449106	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	854,639	109,628	964,267	0.448805	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	151,693	148,938	300,631	0.396696	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,243,208	10,799,523	14,042,731	0.125431	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	62,628	134,798	197,426	0.586285	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,893,883	10,019,515	20,913,398	0.419064	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,386,866	6,837,033	14,223,899	0.259404	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,601,754	73,492,061	89,093,815	0.226169	0.000000	73.00
74.00	07400	RENAL DIALYSIS	707,657	0	707,657	0.610581	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03950	WOUND CARE CENTER	192,114	2,412,838	2,604,952	0.297220	0.000000	75.01
76.00	03160	CARDIOPULMONARY	2,285	1,054,763	1,057,048	0.288299	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,007,396	51,750,227	64,757,623	0.101694	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	482,440	2,501,605	2,984,045	0.892357	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
93.01	04951	GENESIS	0	3,737,516	3,737,516	0.763466	0.000000	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	0	165,164	165,164	3.900239	0.000000	93.06
93.07	04957	CLINTON COUNTY	0	389,916	389,916	1.071303	0.000000	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	0.000000	93.18
93.43	04993	NEW BEGINNINGS	0	280	280	7.378571	0.000000	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	5,185,073	5,185,073	0.392618	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	187,675,361	360,549,579	548,224,940			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	187,675,361	360,549,579	548,224,940			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 3:13 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
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
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
54.01	03480	ONCOLOGY	0.000000	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	03950	WOUND CARE CENTER	0.000000	75.01
76.00	03160	CARDIOPULMONARY	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	93.00
93.01	04951	GENESIS	0.000000	93.01
93.02	04952	WOMEN'S CENTER	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	93.03
93.04	04954	DR. STEELE	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	0.000000	93.06
93.07	04957	CLINTON COUNTY	0.000000	93.07
93.18	04968	PSYCH MEDICATION	0.000000	93.18
93.43	04993	NEW BEGINNINGS	0.000000	93.43
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/29/2019 3:13 pm	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,652,739	0	1,652,739	16,737	98.75	30.00
31.00	INTENSIVE CARE UNIT	165,783		165,783	1,714	96.72	31.00
43.00	NURSERY	18,799		18,799	781	24.07	43.00
200.00	Total (Lines 30 through 199)	1,837,321		1,837,321	19,232		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,081	600,499				
31.00	INTENSIVE CARE UNIT	711	68,768				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	6,792	669,267				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0007

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	577,259	56,041,207	0.010301	8,382,267	86,346	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,598	2,570,587	0.007235	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	686,632	22,385,033	0.030674	1,540,489	47,253	54.00
54.01	03480	ONCOLOGY	1,085,819	35,267,480	0.030788	269,321	8,292	54.01
57.00	05700	CT SCAN	146,171	30,712,899	0.004759	3,093,857	14,724	57.00
58.00	05800	MRI	496,263	12,970,853	0.038260	404,089	15,460	58.00
59.00	05900	CARDIAC CATHETERIZATION	193,140	49,569,899	0.003896	8,123,476	31,649	59.00
60.00	06000	LABORATORY	168,084	53,752,541	0.003127	8,449,670	26,422	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	120,334	9,305,781	0.012931	3,188,430	41,230	65.00
66.00	06600	PHYSICAL THERAPY	30,640	1,568,991	0.019528	694,810	13,568	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,854	964,267	0.019553	442,945	8,661	67.00
68.00	06800	SPEECH PATHOLOGY	7,931	300,631	0.026381	91,630	2,417	68.00
69.00	06900	ELECTROCARDIOLOGY	154,707	14,042,731	0.011017	1,638,998	18,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,284	197,426	0.036895	29,806	1,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	233,874	20,913,398	0.011183	4,971,645	55,598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,662	14,223,899	0.003913	3,104,216	12,147	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	654,443	89,093,815	0.007346	6,734,832	49,474	73.00
74.00	07400	RENAL DIALYSIS	6,427	707,657	0.009082	477,046	4,333	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	WOUND CARE CENTER	61,143	2,604,952	0.023472	108,583	2,549	75.01
76.00	03160	CARDIOPULMONARY	4,893	1,057,048	0.004629	578	3	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	501,319	64,757,623	0.007741	6,010,740	46,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	196,408	2,984,045	0.065819	201,471	13,261	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04951	GENESIS	117,791	3,737,516	0.031516	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0.000000	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0.000000	0	0	93.03
93.04	04954	DR. STEELE	0	0	0.000000	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0.000000	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	131,139	165,164	0.793993	0	0	93.06
93.07	04957	CLINTON COUNTY	76,820	389,916	0.197017	0	0	93.07
93.18	04968	PSYCH MEDICATION	24,612	0	0.000000	0	0	93.18
93.43	04993	NEW BEGINNINGS	30	280	0.107143	0	0	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,776,277	490,285,639		57,958,899	499,073	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/29/2019 3:13 pm		
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	409,946	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	409,946	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	409,946	16,737	24.49	6,081	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,714	0.00	711	31.00	
43.00	04300	NURSERY		0	781	0.00	0	43.00	
200.00		Total (lines 30 through 199)		409,946	19,232		6,792	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	148,924						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	148,924						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:13 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	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03480 ONCOLOGY	0	0	0	0	0	0	54.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	0	0	0	0	0	0	75.01
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	48,717	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
93.01 04951 GENESIS	0	0	0	0	0	0	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	0	0	0	0	93.03
93.04 04954 DR. STEELE	0	0	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	0	0	0	0	0	0	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	0	0	0	0	93.06
93.07 04957 CLINTON COUNTY	0	0	0	0	0	0	93.07
93.18 04968 PSYCH MEDICATION	0	0	0	0	0	0	93.18
93.43 04993 NEW BEGINNINGS	0	0	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	48,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0007

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	56,041,207	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,570,587	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,385,033	0.000000	54.00
54.01	03480	ONCOLOGY	0	0	0	35,267,480	0.000000	54.01
57.00	05700	CT SCAN	0	0	0	30,712,899	0.000000	57.00
58.00	05800	MRI	0	0	0	12,970,853	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	49,569,899	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	53,752,541	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,305,781	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,568,991	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	964,267	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	300,631	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,042,731	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	197,426	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,913,398	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,223,899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	89,093,815	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	707,657	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03950	WOUND CARE CENTER	0	0	0	2,604,952	0.000000	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	1,057,048	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	64,757,623	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	48,717	48,717	2,984,045	0.016326	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
93.01	04951	GENESIS	0	0	0	3,737,516	0.000000	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	165,164	0.000000	93.06
93.07	04957	CLINTON COUNTY	0	0	0	389,916	0.000000	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0.000000	93.18
93.43	04993	NEW BEGINNINGS	0	0	0	280	0.000000	93.43
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	48,717	48,717	490,285,639		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 3:13 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	8,382,267	0	7,532,626	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,540,489	0	6,053,192	0	54.00	
54.01	03480	ONCOLOGY	0.000000	269,321	0	15,326,478	0	54.01	
57.00	05700	CT SCAN	0.000000	3,093,857	0	7,367,341	0	57.00	
58.00	05800	MRI	0.000000	404,089	0	4,274,733	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,123,476	0	14,549,061	0	59.00	
60.00	06000	LABORATORY	0.000000	8,449,670	0	6,630,524	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	3,188,430	0	948,126	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	694,810	0	45,115	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	442,945	0	31,866	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	91,630	0	6,551	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,638,998	0	4,245,376	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	29,806	0	28,950	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,971,645	0	3,202,648	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,104,216	0	2,417,058	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,734,832	0	34,262,861	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	477,046	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03950	WOUND CARE CENTER	0.000000	108,583	0	873,013	0	75.01	
76.00	03160	CARDIOPULMONARY	0.000000	578	0	551,879	0	76.00	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000	6,010,740	0	10,272,356	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.016326	201,471	3,289	2,281,764	37,252	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
93.01	04951	GENESIS	0.000000	0	0	440,602	0	93.01	
93.02	04952	WOMEN'S CENTER	0.000000	0	0	0	0	93.02	
93.03	04953	RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03	
93.04	04954	DR. STEELE	0.000000	0	0	0	0	93.04	
93.05	04955	DIABETIC EDUCATION	0.000000	0	0	0	0	93.05	
93.06	04956	HOWARD COUNTY CSS	0.000000	0	0	107,496	0	93.06	
93.07	04957	CLINTON COUNTY	0.000000	0	0	0	0	93.07	
93.18	04968	PSYCH MEDICATION	0.000000	0	0	0	0	93.18	
93.43	04993	NEW BEGINNINGS	0.000000	0	0	0	0	93.43	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		57,958,899	3,289	121,449,616	37,252	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:13 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	0.141243	7,532,626	0	0	1,063,931	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.451414	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.179616	6,053,192	0	0	1,087,250	54.00
54.01 03480 ONCOLOGY	0.142550	15,326,478	0	0	2,184,789	54.01
57.00 05700 CT SCAN	0.034926	7,367,341	0	0	257,312	57.00
58.00 05800 MRI	0.105565	4,274,733	0	0	451,262	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.036951	14,549,061	0	0	537,602	59.00
60.00 06000 LABORATORY	0.099460	6,630,524	0	0	659,472	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.247974	948,126	0	0	235,111	65.00
66.00 06600 PHYSICAL THERAPY	0.449106	45,115	0	0	20,261	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.448805	31,866	0	0	14,302	67.00
68.00 06800 SPEECH PATHOLOGY	0.396696	6,551	0	0	2,599	68.00
69.00 06900 ELECTROCARDIOLOGY	0.125431	4,245,376	0	0	532,502	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.586285	28,950	0	0	16,973	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.419064	3,202,648	0	0	1,342,114	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.259404	2,417,058	0	0	626,995	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.226169	34,262,861	0	50,466	7,749,197	73.00
74.00 07400 RENAL DIALYSIS	0.610581	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	0.297220	873,013	0	0	259,477	75.01
76.00 03160 CARDIOPULMONARY	0.288299	551,879	0	0	159,106	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.101694	10,272,356	0	0	1,044,637	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.892357	2,281,764	0	0	2,036,148	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01 04951 GENESIS	0.763466	440,602	0	0	336,385	93.01
93.02 04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04 04954 DR. STEELE	0.000000	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06 04956 HOWARD COUNTY CSS	3.900239	107,496	0	0	419,260	93.06
93.07 04957 CLINTON COUNTY	1.071303	0	0	0	0	93.07
93.18 04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18
93.43 04993 NEW BEGINNINGS	7.378571	0	0	0	0	93.43
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.392618		0	0		95.00
200.00	Subtotal (see instructions)	121,449,616	0	50,466	21,036,685	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	121,449,616	0	50,466	21,036,685	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0007

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2019 3:13 pm

		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
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
54.01	03480	ONCOLOGY	0	0	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,414	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	0	75.01
76.00	03160	CARDIOPULMONARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	93.06
93.07	04957	CLINTON COUNTY	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	93.18
93.43	04993	NEW BEGINNINGS	0	0	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	11,414	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	11,414	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:13 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	0.141243	0	281,094	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.451414	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.179616	0	165,936	0	0
54.01 03480 ONCOLOGY	0.142550	0	723,927	0	0
57.00 05700 CT SCAN	0.034926	0	260,407	0	0
58.00 05800 MRI	0.105565	0	88,544	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.036951	0	67,316	0	0
60.00 06000 LABORATORY	0.099460	0	397,788	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.247974	0	23,221	0	0
66.00 06600 PHYSICAL THERAPY	0.449106	0	3,781	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.448805	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.396696	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.125431	0	47,341	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.586285	0	2,210	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.419064	0	47,346	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.259404	0	12,952	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.226169	0	927,083	0	0
74.00 07400 RENAL DIALYSIS	0.610581	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 03950 WOUND CARE CENTER	0.297220	0	21,711	0	0
76.00 03160 CARDIOPULMONARY	0.288299	0	1,631	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.101694	0	957,452	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.892357	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
93.00 04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0
93.01 04951 GENESIS	0.763466	0	1,522,055	0	0
93.02 04952 WOMEN'S CENTER	0.000000	0	0	0	0
93.03 04953 RESIDENTIAL HOMES	0.000000	0	0	0	0
93.04 04954 DR. STEELE	0.000000	0	0	0	0
93.05 04955 DIABETIC EDUCATION	0.000000	0	0	0	0
93.06 04956 HOWARD COUNTY CSS	3.900239	0	33,405	0	0
93.07 04957 CLINTON COUNTY	1.071303	0	564	0	0
93.18 04968 PSYCH MEDICATION	0.000000	0	0	0	0
93.43 04993 NEW BEGINNINGS	7.378571	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.392618	0	0	0	0
200.00	Subtotal (see instructions)	0	5,585,764	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)	0	5,585,764	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 3:13 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	39,703	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	29,805	0		54.00
54.01 03480 ONCOLOGY	103,196	0		54.01
57.00 05700 CT SCAN	9,095	0		57.00
58.00 05800 MRI	9,347	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	2,487	0		59.00
60.00 06000 LABORATORY	39,564	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	5,758	0		65.00
66.00 06600 PHYSICAL THERAPY	1,698	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	5,938	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,296	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	19,841	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,360	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	209,677	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03950 WOUND CARE CENTER	6,453	0		75.01
76.00 03160 CARDIOPULMONARY	470	0		76.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	97,367	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01 04951 GENESIS	1,162,037	0		93.01
93.02 04952 WOMEN'S CENTER	0	0		93.02
93.03 04953 RESIDENTIAL HOMES	0	0		93.03
93.04 04954 DR. STEELE	0	0		93.04
93.05 04955 DIABETIC EDUCATION	0	0		93.05
93.06 04956 HOWARD COUNTY CSS	130,287	0		93.06
93.07 04957 CLINTON COUNTY	604	0		93.07
93.18 04968 PSYCH MEDICATION	0	0		93.18
93.43 04993 NEW BEGINNINGS	0	0		93.43
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	1,877,983	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)	1,877,983	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2019 3:13 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,737	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,737	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)		14,748	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)		6,081	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)		22,407,190	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)		22,407,190	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)		22,407,190	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)		1,338.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,141,121	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)		8,141,121	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 3:13 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	3,366,473	1,714	1,964.10	711	1,396,475	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,877,854	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,415,450	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)					818,191	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					502,362	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,320,553	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,094,897	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0	54.00	
55.00	Target amount per discharge					0.00	55.00	
56.00	Target amount (line 54 x line 55)					0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00	Bonus payment (see instructions)					0	58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00	Relief payment (see instructions)					0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					1,989	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,338.78	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,662,833	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 3:13 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	1,652,739	22,407,190	0.073759	2,662,833	196,408	90.00
91.00	Nursing School cost	0	22,407,190	0.000000	2,662,833	0	91.00
92.00	Allied health cost	409,946	22,407,190	0.018295	2,662,833	48,717	92.00
93.00	All other Medical Education	0	22,407,190	0.000000	2,662,833	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 3:13 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		13,257,498		30.00
31.00	03100 INTENSIVE CARE UNIT		3,054,403		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.141243	8,382,267	1,183,937	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.451414	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179616	1,540,489	276,696	54.00
54.01	03480 ONCOLOGY	0.142550	269,321	38,392	54.01
57.00	05700 CT SCAN	0.034926	3,093,857	108,056	57.00
58.00	05800 MRI	0.105565	404,089	42,658	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.036951	8,123,476	300,171	59.00
60.00	06000 LABORATORY	0.099460	8,449,670	840,404	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.247974	3,188,430	790,648	65.00
66.00	06600 PHYSICAL THERAPY	0.449106	694,810	312,043	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.448805	442,945	198,796	67.00
68.00	06800 SPEECH PATHOLOGY	0.396696	91,630	36,349	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125431	1,638,998	205,581	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.586285	29,806	17,475	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.419064	4,971,645	2,083,437	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.259404	3,104,216	805,246	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226169	6,734,832	1,523,210	73.00
74.00	07400 RENAL DIALYSIS	0.610581	477,046	291,275	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.297220	108,583	32,273	75.01
76.00	03160 CARDIOPULMONARY	0.288299	578	167	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.101694	6,010,740	611,256	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.892357	201,471	179,784	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	04951 GENESIS	0.763466	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	3.900239	0	0	93.06
93.07	04957 CLINTON COUNTY	1.071303	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	93.18
93.43	04993 NEW BEGINNINGS	7.378571	0	0	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		57,958,899	9,877,854	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)		57,958,899		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 3:13 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		861,242	30.00
31.00	03100	INTENSIVE CARE UNIT		261,446	31.00
43.00	04300	NURSERY		182,065	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.141243	107,672	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451414	43,541	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.179616	47,484	54.00
54.01	03480	ONCOLOGY	0.142550	83	54.01
57.00	05700	CT SCAN	0.034926	115,060	57.00
58.00	05800	MRI	0.105565	12,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.036951	54,253	59.00
60.00	06000	LABORATORY	0.099460	407,006	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.247974	181,611	65.00
66.00	06600	PHYSICAL THERAPY	0.449106	34,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.448805	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.396696	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125431	42,911	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.586285	1,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.419064	124,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259404	15,893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226169	367,519	73.00
74.00	07400	RENAL DIALYSIS	0.610581	6,597	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.297220	3,690	75.01
76.00	03160	CARDIOPULMONARY	0.288299	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.101694	296,512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.892357	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04951	GENESIS	0.763466	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	93.03
93.04	04954	DR. STEELE	0.000000	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	93.05
93.06	04956	HOWARD COUNTY CSS	3.900239	0	93.06
93.07	04957	CLINTON COUNTY	1.071303	0	93.07
93.18	04968	PSYCH MEDICATION	0.000000	0	93.18
93.43	04993	NEW BEGINNINGS	7.378571	0	93.43
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,862,340	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)		1,862,340	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:13 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)		10,353,874	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,308,251	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)		478,885	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		3,838,986	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		103.87	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.80	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.35	31.00
32.00	Sum of lines 30 and 31		31.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.91	33.00
34.00	Disproportionate share adjustment (see instructions)		509,256	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:13 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)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000135035	0.000148500	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	913,744	1,228,525	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	683,430	309,656	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	993,086		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	15,643,352		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)		15,643,352	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,244,009	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		24,864	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		148,924	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		3,289	58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,064,438	59.00
60.00	Primary payer payments		1,763	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,062,675	61.00
62.00	Deductibles billed to program beneficiaries		1,480,316	62.00
63.00	Coinurance billed to program beneficiaries		20,770	63.00
64.00	Allowable bad debts (see instructions)		98,831	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		64,240	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		65,010	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,625,829	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)		6,560	70.93
70.94	HRR adjustment amount (see instructions)		-62,399	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 3:13 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
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	1.00	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)		15,569,990	71.00
71.01	Sequestration adjustment (see instructions)		311,400	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		15,067,610	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)		190,980	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		199,207	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: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 3:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,414	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,999,433	2.00
3.00	OPPS payments		17,337,006	3.00
4.00	Outlier payment (see instructions)		310,777	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		37,252	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,414	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		50,466	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)		50,466	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)		50,466	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		39,052	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)		11,414	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)		17,685,035	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)		3,154,646	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)		14,541,803	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)		14,541,803	30.00
31.00	Primary payer payments		234	31.00
32.00	Subtotal (line 30 minus line 31)		14,541,569	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)		248,113	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		161,273	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		217,647	36.00
37.00	Subtotal (see instructions)		14,702,842	37.00
38.00	MSP-LCC reconciliation amount from PS&R		37	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)		14,702,805	40.00
40.01	Sequestration adjustment (see instructions)		294,056	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		14,370,037	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		38,712	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: 15-0007

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 3:13 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		15,067,610		14,337,937	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	07/19/2018	32,100	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		32,100	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)		15,067,610		14,370,037	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		190,980		38,712	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,258,590		14,408,749	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: 15-0007

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2019 3:13 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 15-0007

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

Worksheet G

Date/Time Prepared:
5/29/2019 3:13 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	31,548	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	58,323,387	0	0	0	4.00
5.00	Other receivable	9,107,045	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-39,723,042	0	0	0	6.00
7.00	Inventory	3,625,228	0	0	0	7.00
8.00	Prepaid expenses	172,430	0	0	0	8.00
9.00	Other current assets	1,178,106	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)	32,714,702	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,583,000	0	0	0	12.00
13.00	Land improvements	4,193,828	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	101,895,179	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	112,695	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	27,221,581	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	343,448	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-40,291,113	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)	98,058,618	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	39,778,009	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	39,778,009	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	170,551,329	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,646,602	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-14,920	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	4,088,067	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,719,749	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	326,045	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	326,045	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,045,794	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	164,505,535				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)	164,505,535	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	170,551,329	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0007

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 3:13 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		126,830,149		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		37,675,385			2.00
3.00	Total (sum of line 1 and line 2)		164,505,534		0	3.00
4.00	ROUNDING	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		164,505,535		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)		164,505,535		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	ROUNDING		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: 15-0007

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 3:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,584,624		19,584,624	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	19,584,624		19,584,624	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,655,718		7,655,718	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,655,718		7,655,718	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,240,342		27,240,342	17.00
18.00	Ancillary services	149,928,423	385,736,869	535,665,292	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	0	291,099	291,099	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	177,168,765	386,027,968	563,196,733	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		127,534,703		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)		127,534,703		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0007

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 3:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	563,196,733	1.00
2.00	Less contractual allowances and discounts on patients' accounts	403,316,652	2.00
3.00	Net patient revenues (line 1 minus line 2)	159,880,081	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	127,534,703	4.00
5.00	Net income from service to patients (line 3 minus line 4)	32,345,378	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	171,818	6.00
7.00	Income from investments	26,113	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	4,782	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	406,280	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	7,149	21.00
22.00	Rental of hospital space	2,144,901	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE & NON OPERATING LOSS	2,568,964	24.00
25.00	Total other income (sum of lines 6-24)	5,330,007	25.00
26.00	Total (line 5 plus line 25)	37,675,385	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	37,675,385	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0007	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 3:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,107,756	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		64,138	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)		45.62	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)		4.80	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.35	8.00
9.00	Sum of lines 7 and 8		31.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.51	10.00
11.00	Disproportionate share adjustment (see instructions)		72,115	11.00
12.00	Total prospective capital payments (see instructions)		1,244,009	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