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: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/31/2019 11:55 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/31/2019 Time: 11:55 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH- DYER (15-0090) 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)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-246,317	35,944	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	41,075	-9		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-205,242	35,935	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: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 11:55 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 24 JOLIET STREET	PO Box:			1.00
2.00	City: DYER	State: IN	Zip Code: 46311-1799	County: LAKE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	FRANCISCAN HEALTH- DYER	150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRANCISCAN HEALTH - DYER -REHAB	15T090	23844	5	01/01/2002	N	P	T	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	117	37	702	329	1,487	7	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 11:55 am

		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.	64	7	0	10	461		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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I | Date/Time Prepared: 5/31/2019 11:55 am

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 11:55 am

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 11:55 am

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	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.	N	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.	N	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	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 11:55 am

		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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	683,028	194,501	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.	Y	5.04	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	158014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 11:55 am

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES	Contractor's Number: 08101	141.00
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -		142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546	143.00

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

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

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

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/03/2018	09/30/2018	170.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II | Date/Time Prepared: 5/31/2019 11:55 am

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/16/2019	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2019	Y	05/01/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 11:55 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.					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.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW		DEETS		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932 - 2300 X33148		MATTHEW.DEETS@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 11:55 am

		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.	SR. FINANCIAL ANALYST		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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/31/2019 11:55 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	119	43,435	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)		119	43,435	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	7	2,555	0.00	0	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)		140	51,100	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	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)		170				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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/31/2019 11:55 am

	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)	7,644	905	16,248			1.00
2.00	HMO and other (see instructions)	3,241	1,487				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	746	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)	7,644	905	16,248			7.00
8.00	INTENSIVE CARE UNIT	1,084	180	2,622			8.00
9.00	CORONARY CARE UNIT	0	18	109			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		82	195			13.00
14.00	Total (see instructions)	8,728	1,185	19,174	8.67	822.80	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	4,705	542	7,324	0.00	47.38	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			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)				8.67	870.18	27.00
28.00	Observation Bed Days		0	4,906			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	7	226			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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/31/2019 11:55 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,838	562	4,008	1.00
2.00	HMO and other (see instructions)			555	367		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	1,838	562	4,008	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	424	48	638	17.00
18.00	SUBPROVIDER	0.00	0		0	0	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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/31/2019 11:55 am

		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	67,347,000	0	67,347,000	2,043,068.00	32.96	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		928,711	0	928,711	17,392.00	53.40	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		9,661,697	305	9,662,002	433,113.00	22.31	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		774,945	0	774,945	12,279.00	63.11	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		248,736	0	248,736	1,475.00	168.63	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		8,653,519	0	8,653,519	233,083.00	37.13	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,338,588	0	17,338,588			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,995,038	0	3,995,038			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		3,160,560	0	3,160,560			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	713,475	0	713,475	33,333.67	21.40	26.00
27.00	Administrative & General	5.00	13,690,217	0	13,690,217	110,205.25	124.22	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/31/2019 11:55 am

		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.)		677,918	0	677,918	7,591.00	89.31	28.00
29.00	Maintenance & Repairs	6.00	1,267,562	0	1,267,562	37,546.65	33.76	29.00
30.00	Operation of Plant	7.00	417,848	0	417,848	39,701.94	10.52	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,292,692	0	1,292,692	96,628.37	13.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	901,215	-495,163	406,052	26,409.01	15.38	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	495,163	495,163	26,157.32	18.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,057,794	0	2,057,794	44,659.72	46.08	38.00
39.00	Central Services and Supply	14.00	403,754	0	403,754	19,428.50	20.78	39.00
40.00	Pharmacy	15.00	1,857,534	0	1,857,534	46,592.07	39.87	40.00
41.00	Medical Records & Medical Records Library	16.00	193,263	0	193,263	6,964.25	27.75	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part III Date/Time Prepared: 5/31/2019 11:55 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		67,096,207	0	67,096,207	2,033,267.00	33.00	1.00
2.00	Excluded area salaries (see instructions)		9,661,697	305	9,662,002	433,113.00	22.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)		57,434,510	-305	57,434,205	1,600,154.00	35.89	3.00
4.00	Subtotal other wages & related costs (see inst.)		9,677,200	0	9,677,200	246,837.00	39.20	4.00
5.00	Subtotal wage-related costs (see inst.)		20,499,148	0	20,499,148	0.00	35.69	5.00
6.00	Total (sum of lines 3 thru 5)		87,610,858	-305	87,610,553	1,846,991.00	47.43	6.00
7.00	Total overhead cost (see instructions)		23,473,272	0	23,473,272	495,217.75	47.40	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part IV Date/Time Prepared: 5/31/2019 11:55 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	865,500	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)	6,625,312	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)	8,598,586	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	104,938	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)	154,676	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	876,449	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	4,091,268	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	16,897	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,333,626	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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part V Date/Time Prepared: 5/31/2019 11:55 am

	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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-10 | Date/Time Prepared: 5/31/2019 11:55 am

		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)	0.248077	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	16,234,817	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	88,599,464	6.00
7.00	Medicaid cost (line 1 times line 6)	21,979,489	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	5,744,672	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)	5,744,672	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)	8,361,129	6,116,747	14,477,876	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,074,204	6,116,747	8,190,951	21.00
22.00	Payments received from patients for amounts previously written off as charity care	1	89	90	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,074,203	6,116,658	8,190,861	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)	11,867,454	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	399,575	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	614,732	27.01
28.00	Non-Medicare bad debt expense (see instructions)	11,252,722	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,006,699	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	11,197,560	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,942,232	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,819,169	9,819,169	-4,632,936	5,186,233	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,192,902	4,192,902	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	713,475	17,373,537	18,087,012	0	18,087,012	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	13,690,217	11,697,942	25,388,159	-3,955,216	21,432,943	5.04
6.00	00600	MAINTENANCE & REPAIRS	1,267,562	2,835,980	4,103,542	0	4,103,542	6.00
7.00	00700	OPERATION OF PLANT	417,848	3,278,849	3,696,697	0	3,696,697	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	339,849	339,849	0	339,849	8.00
9.00	00900	HOUSEKEEPING	1,292,692	314,186	1,606,878	0	1,606,878	9.00
10.00	01000	DIETARY	901,215	506,418	1,407,633	-773,409	634,224	10.00
11.00	01100	CAFETERIA	0	0	0	773,409	773,409	11.00
13.00	01300	NURSING ADMINISTRATION	2,057,794	283,278	2,341,072	-8,016	2,333,056	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	403,754	596,387	1,000,141	-201,872	798,269	14.00
15.00	01500	PHARMACY	1,857,534	6,468,672	8,326,206	-4,459,834	3,866,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	193,263	119,815	313,078	-6	313,072	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,277,645	1,277,645	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,006,634	1,573,250	11,579,884	-908,424	10,671,460	30.00
31.00	03100	INTENSIVE CARE UNIT	1,991,168	714,353	2,705,521	-213,166	2,492,355	31.00
32.00	02060	CORONARY CARE UNIT	203,531	538,817	742,348	-1,436	740,912	32.00
41.00	04100	SUBPROVIDER - IRF	2,437,888	5,157,013	7,594,901	-120,301	7,474,600	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	246,013	246,013	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,906,870	11,115,692	13,022,562	-9,619,308	3,403,254	50.00
50.01	05001	OUTPATIENT SURGERY	1,181,897	1,407,324	2,589,221	-509,919	2,079,302	50.01
51.00	05100	RECOVERY ROOM	479,898	110,472	590,370	-99,412	490,958	51.00
53.00	05300	ANESTHESIOLOGY	55,516	3,333,185	3,388,701	-323,165	3,065,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,421,562	1,176,643	2,598,205	-102,682	2,495,523	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	495,583	528,425	1,024,008	-373,663	650,345	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	332,662	359,698	692,360	-12,484	679,876	55.00
56.00	05600	RADIOISOTOPE	334,160	498,044	832,204	-329,234	502,970	56.00
60.00	06000	LABORATORY	0	6,197,633	6,197,633	0	6,197,633	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	413,337	413,337	-378,824	34,513	63.00
65.00	06500	RESPIRATORY THERAPY	826,055	1,724,433	2,550,488	-170,743	2,379,745	65.00
66.00	06600	PHYSICAL THERAPY	3,260,558	5,379,538	8,640,096	-17,357	8,622,739	66.00
67.00	06700	OCCUPATIONAL THERAPY	431,392	35,560	466,952	-4,918	462,034	67.00
68.00	06800	SPEECH PATHOLOGY	308,052	68,659	376,711	-35,852	340,859	68.00
69.00	06900	ELECTROCARDIOLOGY	869,148	118,332	987,480	-10,178	977,302	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,216	18,723	112,939	-2,654	110,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,621,458	7,621,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,524,087	11,524,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,954,371	4,954,371	73.00
76.00	03630	ULTRA SOUND	405,374	148,422	553,796	-23,314	530,482	76.00
76.01	03951	PAIN CLINIC	720,654	178,793	899,447	-166,370	733,077	76.01
76.02	03952	CATH LAB	1,130,334	5,856,910	6,987,244	-5,629,782	1,357,462	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,065,044	99,001	2,164,045	-338	2,163,707	76.03
76.04	03954	WOUND CARE CENTER	342,481	126,010	468,491	-119,411	349,080	76.04
76.05	03340	BARIATRIC CLINIC	406,873	148,742	555,615	-4,789	550,826	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	98,790	667	99,457	0	99,457	76.07
76.08	03955	ANTICOAGULATION CLINIC	530,467	48,429	578,896	-35,225	543,671	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,991,030	573,655	5,564,685	-524,504	5,040,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		46,656	46,656	3,178,552	3,225,208	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,123,191	101,330,498	161,453,689	-305	161,453,384	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,637	80,336	96,973	0	96,973	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,089,809	1,383,270	6,473,079	305	6,473,384	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	2,107,220	354,086	2,461,306	0	2,461,306	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	10,143	0	10,143	0	10,143	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	67,347,000	103,148,190	170,495,190	0	170,495,190	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/31/2019 11:55 am

		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	-389,275	4,796,958		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,192,902		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,753,452	20,840,464		4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	7,181,751	28,614,694		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	4,103,542		6.00
7.00	00700	OPERATION OF PLANT	0	3,696,697		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	339,849		8.00
9.00	00900	HOUSEKEEPING	0	1,606,878		9.00
10.00	01000	DIETARY	-27,524	606,700		10.00
11.00	01100	CAFETERIA	-460,935	312,474		11.00
13.00	01300	NURSING ADMINISTRATION	-10,557	2,322,499		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-223,161	575,108		14.00
15.00	01500	PHARMACY	-1,093,162	2,773,210		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	941,553	1,254,625		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-220,183	1,057,462		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-164,870	10,506,590		30.00
31.00	03100	INTENSIVE CARE UNIT	-30,656	2,461,699		31.00
32.00	02060	CORONARY CARE UNIT	0	740,912		32.00
41.00	04100	SUBPROVIDER - IRF	-3,630,856	3,843,744		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	246,013		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-765,889	2,637,365		50.00
50.01	05001	OUTPATIENT SURGERY	-645,970	1,433,332		50.01
51.00	05100	RECOVERY ROOM	-1,528	489,430		51.00
53.00	05300	ANESTHESIOLOGY	-9,114	3,056,422		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-320,764	2,174,759		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-38,562	611,783		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,613	678,263		55.00
56.00	05600	RADIOISOTOPE	0	502,970		56.00
60.00	06000	LABORATORY	-976,479	5,221,154		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-32,090	2,423		63.00
65.00	06500	RESPIRATORY THERAPY	-1,067,580	1,312,165		65.00
66.00	06600	PHYSICAL THERAPY	-1,312,347	7,310,392		66.00
67.00	06700	OCCUPATIONAL THERAPY	-20,340	441,694		67.00
68.00	06800	SPEECH PATHOLOGY	-2,231	338,628		68.00
69.00	06900	ELECTROCARDIOLOGY	-70,454	906,848		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-9,229	101,056		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,621,458		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,524,087		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,954,371		73.00
76.00	03630	ULTRA SOUND	-98,400	432,082		76.00
76.01	03951	PAIN CLINIC	0	733,077		76.01
76.02	03952	CATH LAB	-4,680	1,352,782		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	2,163,707		76.03
76.04	03954	WOUND CARE CENTER	-572	348,508		76.04
76.05	03340	BARIATRIC CLINIC	-38,009	512,817		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		76.06
76.07	03950	CV RESOURCE CENTER	0	99,457		76.07
76.08	03955	ANTICOAGULATION CLINIC	-303	543,368		76.08
76.09	03956	LACTATION CLINIC	0	0		76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-48,108	4,992,073		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-3,225,208	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-4,063,893	157,389,491		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	96,973		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,473,384		192.00
192.01	19201	WORKING WELL	0	0		192.01
194.00	07950	RESIDENTIAL	0	2,461,306		194.00
194.01	07951	OMNI	0	0		194.01
194.02	07952	PSYCHIATRIC	0	0		194.02
194.03	07953	CENTER OF HOPE	0	10,143		194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-4,063,893	166,431,297		200.00

RECLASSIFICATIONS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 11:55 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAPITAL				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,192,902	1.00
	TOTALS		0	4,192,902	
	B - INTEREST EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	484,592	1.00
2.00	INTEREST EXPENSE	113.00	0	3,666,662	2.00
	TOTALS		0	4,151,254	
	C - CAFETERIA				
1.00	CAFETERIA	11.00	495,163	278,246	1.00
	TOTALS		495,163	278,246	
	D - INSURANCE EXPENSE				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	928,124	1.00
	TOTALS		0	928,124	
	E - PATIENT TRANSPORT				
1.00	ADULTS & PEDIATRICS	30.00	10,532	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	58,763	0	2.00
3.00	RADIOISOTOPE	56.00	17,859	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	4,120	0	4.00
5.00	ULTRA SOUND	76.00	7,326	0	5.00
6.00	CATH LAB	76.02	3,890	0	6.00
7.00	EMERGENCY	91.00	6,539	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	305	0	8.00
	TOTALS		109,334	0	
	F - CHARGEABLE SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,145,545	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	19,145,545	
	G - DRUGS CHARGED TO PATIENTS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,954,777	1.00
2.00	PAIN CLINIC	76.01	0	406	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

RECLASSIFICATIONS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 11:55 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	4,955,183		
	H - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,277,645		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	1,277,645		
	I - NURSERY					
1.00	NURSERY	43.00	227,197	18,816		1.00
	TOTALS		227,197	18,816		
	J - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,524,087		1.00
	TOTALS		0	11,524,087		
	K - OTHER CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,498		1.00
	TOTALS		0	3,498		
500.00	Grand Total: Increases		831,694	46,475,300		500.00

RECLASSIFICATIONS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 11:55 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,192,902	9		1.00
	TOTALS		0	4,192,902			
	B - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	484,592	11		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,666,662	0		2.00
	TOTALS		0	4,151,254			
	C - CAFETERIA						
1.00	DIETARY	10.00	495,163	278,246	0		1.00
	TOTALS		495,163	278,246			
	D - INSURANCE EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	928,124	9		1.00
	TOTALS		0	928,124			
	E - PATIENT TRANSPORT						
1.00	EMERGENCY	91.00	109,334	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		109,334	0			
	F - CHARGEABLE SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	8,016	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	201,872	0		2.00
3.00	PHARMACY	15.00	0	12,923	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	6	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	663,839	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	179,361	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	1,283	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	118,784	0		8.00
9.00	OPERATING ROOM	50.00	0	9,618,984	0		9.00
10.00	OUTPATIENT SURGERY	50.01	0	506,106	0		10.00
11.00	RECOVERY ROOM	51.00	0	99,367	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	251,563	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	155,891	0		13.00
14.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	371,441	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,466	0		15.00
16.00	RADIOISOTOPE	56.00	0	3,633	0		16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	378,824	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	170,743	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	17,307	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	4,918	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	35,852	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	12,409	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,654	0		23.00
24.00	ULTRA SOUND	76.00	0	18,991	0		24.00
25.00	PAIN CLINIC	76.01	0	166,776	0		25.00
26.00	CATH LAB	76.02	0	5,633,011	0		26.00
27.00	ACTIVITY THERAPEUTIC	76.03	0	338	0		27.00
28.00	WOUND CARE CENTER	76.04	0	106,787	0		28.00
29.00	BARIATRIC CLINIC	76.05	0	2,689	0		29.00
30.00	ANTICOAGULATION CLINIC	76.08	0	35,225	0		30.00
31.00	EMERGENCY	91.00	0	353,466	0		31.00
32.00	INTEREST EXPENSE	113.00	0	20	0		32.00
	TOTALS		0	19,145,545			
	G - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	4,446,911	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	9,104	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	33,805	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	153	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	1,517	0		5.00
6.00	OPERATING ROOM	50.00	0	324	0		6.00
7.00	OUTPATIENT SURGERY	50.01	0	3,813	0		7.00
8.00	RECOVERY ROOM	51.00	0	45	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	71,602	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,554	0		10.00
11.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	2,222	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	18	0		12.00
13.00	RADIOISOTOPE	56.00	0	343,460	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	50	0		14.00

RECLASSIFICATIONS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/31/2019 11:55 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	ELECTROCARDIOLOGY	69.00	0	1,889	0		15.00
16.00	ULTRA SOUND	76.00	0	11,649	0		16.00
17.00	DRUGS CHARGED TO PATIENTS	73.00	0	406	0		17.00
18.00	CATH LAB	76.02	0	661	0		18.00
19.00	WOUND CARE CENTER	76.04	0	12,624	0		19.00
20.00	BARIATRIC CLINIC	76.05	0	2,100	0		20.00
21.00	EMERGENCY	91.00	0	7,276	0		21.00
	TOTALS		0	4,955,183			
	H - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,216,678	0		1.00
2.00	EMERGENCY	91.00	0	60,967	0		2.00
	TOTALS		0	1,277,645			
	I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	227,197	18,816	0		1.00
	TOTALS		227,197	18,816			
	J - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,524,087	0		1.00
	TOTALS		0	11,524,087			
	K - OTHER CAPITAL						
1.00	INTEREST EXPENSE	113.00	0	3,498	11		1.00
	TOTALS		0	3,498			
500.00	Grand Total: Decreases		831,694	46,475,300			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part I Date/Time Prepared: 5/31/2019 11:55 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	347,972	0	0	0	0	1.00
2.00	Land Improvements	9,695,245	0	0	0	0	2.00
3.00	Buildings and Fixtures	68,407,984	4,181,425	0	4,181,425	0	3.00
4.00	Building Improvements	1,512,208	0	0	0	0	4.00
5.00	Fixed Equipment	158,481,747	1,333,194	0	1,333,194	1,398,720	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	238,445,156	5,514,619	0	5,514,619	1,398,720	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	238,445,156	5,514,619	0	5,514,619	1,398,720	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	347,972	0	1.00
2.00	Land Improvements	9,695,245	4,262,100	2.00
3.00	Buildings and Fixtures	72,589,409	32,948,852	3.00
4.00	Building Improvements	1,512,208	782,554	4.00
5.00	Fixed Equipment	158,416,221	33,001,747	5.00
6.00	Movable Equipment	0	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	242,561,055	70,995,253	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	242,561,055	70,995,253	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part II Date/Time Prepared: 5/31/2019 11:55 am

	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	8,891,045	0	0	928,124	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)	8,891,045	0	0	928,124	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	9,819,169		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	9,819,169		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part III Date/Time Prepared: 5/31/2019 11:55 am

	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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	3,380,744	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,192,902	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,573,646	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	488,090	928,124	0	0	4,796,958	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,192,902	2.00
3.00	Total (sum of lines 1-2)	488,090	928,124	0	0	8,989,860	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 11:55 am

	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	0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-105,756	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,279,468			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	901,355			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-460,935	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	B	-23,956	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		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

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/31/2019 11:55 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	RENTAL INCOME	B	-7,800	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00
34.00	MISC INCOME	B	-492	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	34.00
35.00	DIETETIC INSTRUCTION	B	-840	DIETARY	10.00	0	35.00
36.00	SPECIAL FUNCTIONS	B	1	DIETARY	10.00	0	36.00
37.00	ADVERTISING EXPENSE	A	-6,258	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00	MISCELLANEOUS - OTHER OPERATING	B	-3,228	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
40.00	MISCELLANEOUS - OTHER OPERATING	B	-10,877	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	40.00
41.00	MISCELLANEOUS - OTHER OPERATING	B	-15,929	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
42.00	PROGRAM FEES	B	-24,305	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.00
43.00	UNECESSARY BORROWING	A	-849,645	INTEREST EXPENSE	113.00	0	43.00
44.00	LOBBYING EXPENSE	A	-2,780	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	44.00
45.00	DISCOUNTS EARNED/REBATES	B	-2,729	DIETARY	10.00	0	45.00
46.00	PENSION ADJUSTMENT	A	2,753,452	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
47.00	DISCOUNTS EARNED/REBATES	B	-53,550	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	47.00
48.00	DISCOUNTS EARNED/REBATES	B	-107,644	CENTRAL SERVICES & SUPPLY	14.00	0	48.00
49.00	DISCOUNTS EARNED/REBATES	B	-221,167	PHARMACY	15.00	0	49.00
49.01	DISCOUNTS EARNED/REBATES	B	-327,470	OPERATING ROOM	50.00	0	49.01
49.02	DISCOUNTS EARNED/REBATES	B	-22,799	RADIOLOGY-DIAGNOSTIC	54.00	0	49.02
49.03	DISCOUNTS EARNED/REBATES	B	-7,683	LABORATORY	60.00	0	49.03
49.04	DISCOUNTS EARNED/REBATES	B	-4,352	RESPIRATORY THERAPY	65.00	0	49.04
49.05	DISCOUNTS EARNED/REBATES	B	-8,462	PHYSICAL THERAPY	66.00	0	49.05
49.06	RENTAL INCOME	B	1	PHYSICAL THERAPY	66.00	0	49.06
49.07	DIETETIC INSTRUCTION	B	-38,009	BARIATRIC CLINIC	76.05	0	49.07
49.08	PODIATRIC RESIDENT COORDINATOR	A	-220,183	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	49.08
49.09	HAF FEES	A	-3,901,134	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	49.09
49.10	PROPERTY TAX	A	-7,300	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	49.10
49.11	MISC. - OTHER OPERATING	B	1	EMERGENCY	91.00	9	49.11
49.12	MISC. PAYMENTS	B	1	EMERGENCY	91.00	0	49.12
49.13	MED STAFF FEES	B	1	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	49.13
49.14	PROGRAM FEES	B	-3,530	PHYSICAL THERAPY	66.00	0	49.14
49.15	INTEREST INCOME - PATIENTS	B	-424	INTEREST EXPENSE	113.00	0	49.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,063,893				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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/31/2019 11:55 am

	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	113.00	INTEREST EXPENSE	INTEREST	1,291,523	3,666,662	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,539,030	2,928,305	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	A&G	15,634,844	18,636,683	3.00
4.00	15.00	PHARMACY	COVP / PHARMACY	303,396	0	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	941,553	0	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-14,320,015	4.02
4.03	14.00	CENTRAL SERVICES & SUPPLY	SPD	4,115	13,876	4.03
4.04	15.00	PHARMACY	PHARMACY	156,236	1,331,627	4.04
4.05	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	159,727	4.05
4.06	41.00	SUBPROVIDER - IRF	REHABILITATION	0	4,951,825	4.06
4.07	50.00	OPERATING ROOM	OPERATING ROOM	7,625	34,552	4.07
4.08	50.00	OPERATING ROOM	ORTHOPEDICS	94	427	4.08
4.09	50.01	OUTPATIENT SURGERY	ENDOSCOPY	5,424	11,537	4.09
4.10	51.00	RECOVERY ROOM	RECOVERY	237	1,765	4.10
4.11	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	4,034	13,148	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	31,817	120,893	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	53,027	201,483	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	MRI	20,009	76,029	4.14
4.15	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	8,257	46,819	4.15
4.16	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	2,825	4,438	4.16
4.17	60.00	LABORATORY	CHEMISTRY	135,884	1,081,976	4.17
4.18	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	2,423	34,513	4.18
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	193,253	1,256,351	4.19
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	7,678	10,568	4.20
4.21	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	3,445,040	4,741,766	4.21
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	6,131	26,471	4.22
4.23	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	1,597	3,828	4.23
4.24	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	3,522	52,736	4.24
4.25	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	1,520	22,760	4.25
4.26	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	2,645	11,874	4.26
4.27	76.00	ULTRA SOUND	ULTRASOUND	7,556	105,736	4.27
4.28	76.00	ULTRA SOUND	ULTRASOUND	17	237	4.28
4.29	91.00	EMERGENCY	ER	724	3,053	4.29
4.30	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	1,320,969	0	4.30
4.31	0.00			0	0	4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			26,133,005	25,231,650	5.00

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/31/2019 11:55 am

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

(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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/31/2019 11:55 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-2,375,139	11		1.00
2.00	-389,275	9		2.00
3.00	-3,001,839	0		3.00
4.00	303,396	0		4.00
4.01	941,553	0		4.01
4.02	14,320,015	0		4.02
4.03	-9,761	0		4.03
4.04	-1,175,391	0		4.04
4.05	-159,727	0		4.05
4.06	-4,951,825	0		4.06
4.07	-26,927	0		4.07
4.08	-333	0		4.08
4.09	-6,113	0		4.09
4.10	-1,528	0		4.10
4.11	-9,114	0		4.11
4.12	-89,076	0		4.12
4.13	-148,456	0		4.13
4.14	-56,020	0		4.14
4.15	-38,562	0		4.15
4.16	-1,613	0		4.16
4.17	-946,092	0		4.17
4.18	-32,090	0		4.18
4.19	-1,063,098	0		4.19
4.20	-2,890	0		4.20
4.21	-1,296,726	0		4.21
4.22	-20,340	0		4.22
4.23	-2,231	0		4.23
4.24	-49,214	0		4.24
4.25	-21,240	0		4.25
4.26	-9,229	0		4.26
4.27	-98,180	0		4.27
4.28	-220	0		4.28
4.29	-2,329	0		4.29
4.30	1,320,969	0		4.30
4.31	0	0		4.31
5.00	901,355			5.00

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

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

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

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

6.00	HEALTHCARE SERV		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/31/2019 11:55 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

(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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/31/2019 11:55 am

	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	119,199	0	17,419	197,500	139	1.00
2.00	13.00	NURSING ADMINISTRATION	16,159	7,969	8,190	197,500	59	2.00
3.00	30.00	ADULTS & PEDIATRICS	21,475	0	21,475	197,500	172	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	42,620	0	42,620	197,500	126	5.00
6.00	50.00	OPERATING ROOM	420,754	411,034	9,720	246,400	81	6.00
7.00	50.01	OUTPATIENT SURGERY	649,452	96,985	26,000	246,400	81	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,185	1,185	0	197,500	0	8.00
9.00	60.00	LABORATORY	39,605	3,946	35,659	197,500	178	9.00
10.00	65.00	RESPIRATORY THERAPY	130	130	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	1,500	500	1,000	197,500	8	11.00
12.00	76.02	CATH LAB	4,680	4,680	0	197,500	0	12.00
13.00	76.04	WOUND CARE CENTER	4,655	0	4,655	197,500	43	13.00
15.00	76.08	ANTICOAGULATION CLINIC	6,000	0	6,000	197,500	60	15.00
16.00	91.00	EMERGENCY	95,916	528	75,998	197,500	528	16.00
200.00			1,423,330	526,957	248,736		1,475	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	13,198	660	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	5,602	280	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	16,332	817	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	11,964	598	0	0	0	5.00
6.00	50.00	OPERATING ROOM	9,595	480	0	0	0	6.00
7.00	50.01	OUTPATIENT SURGERY	9,595	480	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	16,901	845	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	760	38	0	0	0	11.00
12.00	76.02	CATH LAB	0	0	0	0	0	12.00
13.00	76.04	WOUND CARE CENTER	4,083	204	0	0	0	13.00
15.00	76.08	ANTICOAGULATION CLINIC	5,697	285	0	0	0	15.00
16.00	91.00	EMERGENCY	50,135	2,507	0	0	0	16.00
200.00			143,862	7,194	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	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	13,198	4,221	106,001		1.00
2.00	13.00	NURSING ADMINISTRATION	0	5,602	2,588	10,557		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	16,332	5,143	5,143		3.00
4.00	0.00		0	0	0	0		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	11,964	30,656	30,656		5.00
6.00	50.00	OPERATING ROOM	0	9,595	125	411,159		6.00
7.00	50.01	OUTPATIENT SURGERY	0	9,595	16,405	639,857		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,185		8.00
9.00	60.00	LABORATORY	0	16,901	18,758	22,704		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	130		10.00
11.00	66.00	PHYSICAL THERAPY	0	760	240	740		11.00
12.00	76.02	CATH LAB	0	0	0	4,680		12.00
13.00	76.04	WOUND CARE CENTER	0	4,083	572	572		13.00
15.00	76.08	ANTICOAGULATION CLINIC	0	5,697	303	303		15.00
16.00	91.00	EMERGENCY	0	50,135	25,863	45,781		16.00
200.00			0	143,862	104,874	1,279,468		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,796,958	4,796,958				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,192,902		4,192,902			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,840,464	19,802	10,530	20,870,796		4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	28,614,694	357,838	147,377	4,288,000	33,407,909	5.04
6.00	00600	MAINTENANCE & REPAIRS	4,103,542	724,055	79,674	397,023	5,304,294	6.00
7.00	00700	OPERATION OF PLANT	3,696,697	205,331	11,710	130,878	4,044,616	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	339,849	0	0	0	339,849	8.00
9.00	00900	HOUSEKEEPING	1,606,878	54,923	3,153	404,894	2,069,848	9.00
10.00	01000	DIETARY	606,700	48,451	10,509	127,183	792,843	10.00
11.00	01100	CAFETERIA	312,474	69,945	0	155,094	537,513	11.00
13.00	01300	NURSING ADMINISTRATION	2,322,499	7,399	76,039	644,538	3,050,475	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	575,108	62,383	58,305	126,463	822,259	14.00
15.00	01500	PHARMACY	2,773,210	34,825	3,262	581,813	3,393,110	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,254,625	49,796	607	60,533	1,365,561	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,057,462	0	0	0	1,057,462	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,506,590	808,377	274,993	3,066,395	14,656,355	30.00
31.00	03100	INTENSIVE CARE UNIT	2,461,699	101,213	192,875	623,670	3,379,457	31.00
32.00	02060	CORONARY CARE UNIT	740,912	5,432	5,677	63,750	815,771	32.00
41.00	04100	SUBPROVIDER - IRF	3,843,744	60,518	22,834	763,590	4,690,686	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	246,013	0	0	71,162	317,175	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,637,365	168,040	623,438	597,266	4,026,109	50.00
50.01	05001	OUTPATIENT SURGERY	1,433,332	143,529	139,366	370,191	2,086,418	50.01
51.00	05100	RECOVERY ROOM	489,430	56,574	22,582	150,313	718,899	51.00
53.00	05300	ANESTHESIOLOGY	3,056,422	0	123,447	17,389	3,197,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,174,759	146,566	842,896	463,664	3,627,885	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	611,783	15,716	277,937	155,226	1,060,662	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	678,263	93,478	38,459	104,196	914,396	55.00
56.00	05600	RADIOISOTOPE	502,970	50,255	99,878	110,259	763,362	56.00
60.00	06000	LABORATORY	5,221,154	70,404	4,716	0	5,296,274	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,423	28,853	0	0	31,276	63.00
65.00	06500	RESPIRATORY THERAPY	1,312,165	21,810	66,670	258,735	1,659,380	65.00
66.00	06600	PHYSICAL THERAPY	7,310,392	14,798	23,133	1,021,265	8,369,588	66.00
67.00	06700	OCCUPATIONAL THERAPY	441,694	5,667	0	135,120	582,481	67.00
68.00	06800	SPEECH PATHOLOGY	338,628	0	7,139	96,487	442,254	68.00
69.00	06900	ELECTROCARDIOLOGY	906,848	38,810	68,483	273,523	1,287,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,056	53,628	20,188	29,510	204,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,621,458	0	0	0	7,621,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,524,087	0	0	0	11,524,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,954,371	0	0	0	4,954,371	73.00
76.00	03630	ULTRA SOUND	432,082	23,329	203,388	129,265	788,064	76.00
76.01	03951	PAIN CLINIC	733,077	125,592	7,180	225,722	1,091,571	76.01
76.02	03952	CATH LAB	1,352,782	92,112	504,435	355,259	2,304,588	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,163,707	58,153	83	646,809	2,868,752	76.03
76.04	03954	WOUND CARE CENTER	348,508	64,860	4,881	107,271	525,520	76.04
76.05	03340	BARIATRIC CLINIC	512,817	19,639	3,238	127,440	663,134	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	99,457	0	0	30,943	130,400	76.07
76.08	03955	ANTICOAGULATION CLINIC	543,368	4,484	282	166,152	714,286	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,992,073	163,902	163,422	1,531,083	6,850,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	157,389,491	4,070,487	4,142,786	18,608,074	154,350,182	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,973	8,113	0	5,211	110,297	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,473,384	139,595	14,273	1,594,315	8,221,567	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	2,461,306	308,878	14,723	660,019	3,444,926	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	269,885	21,120	0	291,005	194.02
194.03	07953	CENTER OF HOPE	10,143	0	0	3,177	13,320	194.03
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 11:55 am

	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	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	166,431,297	4,796,958	4,192,902	20,870,796	166,431,297	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	33,407,909					5.04
6.00	00600	MAINTENANCE & REPAIRS	1,332,136	6,636,430				6.00
7.00	00700	OPERATION OF PLANT	1,015,777	368,760	5,429,153			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85,351	0	0	425,200		8.00
9.00	00900	HOUSEKEEPING	519,828	98,637	85,441	0	2,773,754	9.00
10.00	01000	DIETARY	199,117	87,015	75,373	0	39,124	10.00
11.00	01100	CAFETERIA	134,993	125,617	108,811	0	56,480	11.00
13.00	01300	NURSING ADMINISTRATION	766,105	13,288	11,511	0	5,975	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,505	112,035	97,047	0	50,374	14.00
15.00	01500	PHARMACY	852,156	62,543	54,176	0	28,121	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	342,951	89,431	77,466	0	40,210	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	265,574	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,680,858	1,451,791	1,257,566	187,538	652,761	30.00
31.00	03100	INTENSIVE CARE UNIT	848,727	181,772	157,453	31,108	81,729	31.00
32.00	02060	CORONARY CARE UNIT	204,875	9,756	8,451	1,293	4,386	32.00
41.00	04100	SUBPROVIDER - IRF	1,178,033	108,686	94,145	86,893	48,868	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	79,656	0	0	2,313	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,011,129	301,787	261,413	0	135,691	50.00
50.01	05001	OUTPATIENT SURGERY	523,989	257,768	223,282	0	115,899	50.01
51.00	05100	RECOVERY ROOM	180,546	101,602	88,010	0	45,683	51.00
53.00	05300	ANESTHESIOLOGY	802,969	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	911,118	263,222	228,007	0	118,351	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	266,378	28,224	24,448	0	12,690	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	229,644	167,879	145,420	0	75,483	55.00
56.00	05600	RADIOISOTOPE	191,713	90,254	78,180	0	40,581	56.00
60.00	06000	LABORATORY	1,330,122	126,440	109,525	0	56,851	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,855	51,817	44,885	0	23,298	63.00
65.00	06500	RESPIRATORY THERAPY	416,742	39,169	33,929	0	17,612	65.00
66.00	06600	PHYSICAL THERAPY	2,101,963	26,577	23,021	0	11,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	146,286	10,177	8,815	0	4,576	67.00
68.00	06800	SPEECH PATHOLOGY	111,069	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	323,388	69,700	60,375	0	31,339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,329	96,313	83,428	0	43,305	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,914,076	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,894,194	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,244,256	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	197,917	41,897	36,291	0	18,838	76.00
76.01	03951	PAIN CLINIC	274,140	225,553	195,378	0	101,415	76.01
76.02	03952	CATH LAB	578,781	165,427	143,295	0	74,380	76.02
76.03	03953	ACTIVITY THERAPEUTIC	720,467	104,440	90,467	0	46,959	76.03
76.04	03954	WOUND CARE CENTER	131,981	116,483	100,900	0	52,374	76.04
76.05	03340	BARIATRIC CLINIC	166,541	35,271	30,552	0	15,859	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	32,749	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	179,388	8,054	6,976	0	3,621	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,720,450	294,356	254,976	0	132,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,373,822	5,331,741	4,299,013	309,145	2,187,133	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,700	14,570	12,620	0	6,551	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,064,789	250,702	217,162	0	112,722	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	865,169	554,723	480,509	0	249,417	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	73,084	484,694	419,849	116,055	217,931	194.02
194.03	07953	CENTER OF HOPE	3,345	0	0	0	0	194.03
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)	33,407,909	6,636,430	5,429,153	425,200	2,773,754	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,193,472					10.00
11.00	01100	CAFETERIA	0	963,414				11.00
13.00	01300	NURSING ADMINISTRATION	0	23,816	3,871,170			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	685	0	1,288,905		14.00
15.00	01500	PHARMACY	0	1,083	0	880	4,392,069	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,968	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	666,146	83,136	1,451,205	45,186	8,070	30.00
31.00	03100	INTENSIVE CARE UNIT	110,495	36,957	428,098	12,209	29,966	31.00
32.00	02060	CORONARY CARE UNIT	4,592	9,195	48,203	87	136	32.00
41.00	04100	SUBPROVIDER - IRF	0	61,883	450,977	8,085	1,345	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	11,017	122,895	654,738	287	50.00
50.01	05001	OUTPATIENT SURGERY	0	49,317	175,271	34,450	3,380	50.01
51.00	05100	RECOVERY ROOM	0	699	72,900	6,764	40	51.00
53.00	05300	ANESTHESIOLOGY	0	33,929	0	17,123	63,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	50,139	602	10,611	4,923	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	10,853	20,707	25,283	1,966	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,316	19,072	849	16	55.00
56.00	05600	RADIOISOTOPE	0	0	0	247	304,454	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	25,786	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,783	0	11,622	0	65.00
66.00	06600	PHYSICAL THERAPY	0	70,666	118	1,178	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,441	0	335	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,347	0	2,440	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,124	91,213	845	1,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,991	0	181	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,941,884	73.00
76.00	03630	ULTRA SOUND	0	10,168	798	1,293	10,326	76.00
76.01	03951	PAIN CLINIC	0	2,727	110,468	11,352	0	76.01
76.02	03952	CATH LAB	0	3,302	127,225	383,428	586	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	38,711	0	23	0	76.03
76.04	03954	WOUND CARE CENTER	0	2,357	80,290	7,269	11,190	76.04
76.05	03340	BARIATRIC CLINIC	0	8,304	61,310	183	1,862	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	8,825	0	2,398	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	142,221	519,468	24,060	6,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	781,233	739,960	3,780,820	1,288,905	4,392,069	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	53,702	90,350	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	110,693	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	412,239	58,895	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	164	0	0	0	194.03
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)	1,193,472	963,414	3,871,170	1,288,905	4,392,069	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	22.00	24.00	25.00	
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,943,587					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,323,036			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	119,794	0	764,528	25,024,934	-764,528	30.00
31.00	03100	INTENSIVE CARE UNIT	28,619	0	0	5,326,590	0	31.00
32.00	02060	CORONARY CARE UNIT	1,793	0	0	1,108,538	0	32.00
41.00	04100	SUBPROVIDER - IRF	33,335	0	0	6,762,936	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,474	0	0	400,618	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	168,849	0	35,410	6,729,325	-35,410	50.00
50.01	05001	OUTPATIENT SURGERY	52,625	0	0	3,522,399	0	50.01
51.00	05100	RECOVERY ROOM	20,837	0	0	1,235,980	0	51.00
53.00	05300	ANESTHESIOLOGY	64,447	0	0	4,179,196	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,648	0	12,876	5,419,382	-12,876	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	24,843	0	0	1,476,054	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	26,208	0	0	1,581,283	0	55.00
56.00	05600	RADIOISOTOPE	48,115	0	0	1,516,906	0	56.00
60.00	06000	LABORATORY	180,217	0	0	7,099,429	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,775	0	0	193,692	0	63.00
65.00	06500	RESPIRATORY THERAPY	55,757	0	0	2,240,994	0	65.00
66.00	06600	PHYSICAL THERAPY	56,822	0	0	10,661,927	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,551	0	0	774,662	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,604	0	0	577,714	0	68.00
69.00	06900	ELECTROCARDIOLOGY	60,160	0	0	1,928,482	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,425	0	0	500,354	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	128,384	0	0	9,663,918	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,789	0	0	14,492,070	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,574	0	0	10,320,085	0	73.00
76.00	03630	ULTRA SOUND	28,276	0	0	1,133,868	0	76.00
76.01	03951	PAIN CLINIC	38,709	0	0	2,051,313	0	76.01
76.02	03952	CATH LAB	147,304	0	0	3,928,316	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	17,275	0	0	3,887,094	0	76.03
76.04	03954	WOUND CARE CENTER	8,224	0	0	1,036,588	0	76.04
76.05	03340	BARIATRIC CLINIC	2,257	0	0	985,273	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	163,149	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	5,169	0	0	928,717	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	145,728	0	510,222	10,600,761	-510,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,943,587	0	1,323,036	147,452,547	-1,323,036	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	171,738	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,010,994	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	0	5,705,437	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	2,073,752	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	16,829	0	194.03
200.00		Cross Foot Adjustments			0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 11:55 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	22.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,943,587	0	1,323,036	166,431,297	-1,323,036	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	Total		
			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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL			5.04
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	24,260,406		30.00
31.00	03100	INTENSIVE CARE UNIT	5,326,590		31.00
32.00	02060	CORONARY CARE UNIT	1,108,538		32.00
41.00	04100	SUBPROVIDER - IRF	6,762,936		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	400,618		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	6,693,915		50.00
50.01	05001	OUTPATIENT SURGERY	3,522,399		50.01
51.00	05100	RECOVERY ROOM	1,235,980		51.00
53.00	05300	ANESTHESIOLOGY	4,179,196		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,406,506		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,476,054		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,581,283		55.00
56.00	05600	RADIOISOTOPE	1,516,906		56.00
60.00	06000	LABORATORY	7,099,429		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	193,692		63.00
65.00	06500	RESPIRATORY THERAPY	2,240,994		65.00
66.00	06600	PHYSICAL THERAPY	10,661,927		66.00
67.00	06700	OCCUPATIONAL THERAPY	774,662		67.00
68.00	06800	SPEECH PATHOLOGY	577,714		68.00
69.00	06900	ELECTROCARDIOLOGY	1,928,482		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	500,354		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,663,918		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,492,070		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,320,085		73.00
76.00	03630	ULTRA SOUND	1,133,868		76.00
76.01	03951	PAIN CLINIC	2,051,313		76.01
76.02	03952	CATH LAB	3,928,316		76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,887,094		76.03
76.04	03954	WOUND CARE CENTER	1,036,588		76.04
76.05	03340	BARIATRIC CLINIC	985,273		76.05
76.06	03030	HEALTHY LIVING CENTER	0		76.06
76.07	03950	CV RESOURCE CENTER	163,149		76.07
76.08	03955	ANTICOAGULATION CLINIC	928,717		76.08
76.09	03956	LACTATION CLINIC	0		76.09
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	10,090,539		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,129,511		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	171,738		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,010,994		192.00
192.01	19201	WORKING WELL	0		192.01
194.00	07950	RESIDENTIAL	5,705,437		194.00
194.01	07951	OMNI	0		194.01
194.02	07952	PSYCHIATRIC	2,073,752		194.02
194.03	07953	CENTER OF HOPE	16,829		194.03
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	165,108,261		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,802	10,530	30,332	30,332	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	0	357,838	147,377	505,215	6,243	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	724,055	79,674	803,729	577	6.00
7.00	00700	OPERATION OF PLANT	0	205,331	11,710	217,041	190	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	54,923	3,153	58,076	588	9.00
10.00	01000	DIETARY	0	48,451	10,509	58,960	185	10.00
11.00	01100	CAFETERIA	0	69,945	0	69,945	225	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,399	76,039	83,438	936	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	62,383	58,305	120,688	184	14.00
15.00	01500	PHARMACY	0	34,825	3,262	38,087	845	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,796	607	50,403	88	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	808,377	274,993	1,083,370	4,454	30.00
31.00	03100	INTENSIVE CARE UNIT	0	101,213	192,875	294,088	906	31.00
32.00	02060	CORONARY CARE UNIT	0	5,432	5,677	11,109	93	32.00
41.00	04100	SUBPROVIDER - IRF	0	60,518	22,834	83,352	1,109	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	103	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	168,040	623,438	791,478	868	50.00
50.01	05001	OUTPATIENT SURGERY	0	143,529	139,366	282,895	538	50.01
51.00	05100	RECOVERY ROOM	0	56,574	22,582	79,156	218	51.00
53.00	05300	ANESTHESIOLOGY	0	0	123,447	123,447	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	146,566	842,896	989,462	674	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	15,716	277,937	293,653	225	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	93,478	38,459	131,937	151	55.00
56.00	05600	RADIOISOTOPE	0	50,255	99,878	150,133	160	56.00
60.00	06000	LABORATORY	0	70,404	4,716	75,120	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	28,853	0	28,853	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	21,810	66,670	88,480	376	65.00
66.00	06600	PHYSICAL THERAPY	0	14,798	23,133	37,931	1,484	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,667	0	5,667	196	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,139	7,139	140	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,810	68,483	107,293	397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	53,628	20,188	73,816	43	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	23,329	203,388	226,717	188	76.00
76.01	03951	PAIN CLINIC	0	125,592	7,180	132,772	328	76.01
76.02	03952	CATH LAB	0	92,112	504,435	596,547	516	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	58,153	83	58,236	940	76.03
76.04	03954	WOUND CARE CENTER	0	64,860	4,881	69,741	156	76.04
76.05	03340	BARIATRIC CLINIC	0	19,639	3,238	22,877	185	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	45	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	4,484	282	4,766	241	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	163,902	163,422	327,324	2,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,070,487	4,142,786	8,213,273	27,044	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,113	0	8,113	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	139,595	14,273	153,868	2,316	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	308,878	14,723	323,601	959	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	269,885	21,120	291,005	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	5	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 11:55 am

	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	4.00	
202.00	TOTAL (sum lines 118 through 201)	0	4,796,958	4,192,902	8,989,860	30,332	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	511,458					5.04
6.00	00600	MAINTENANCE & REPAIRS	20,395	824,701				6.00
7.00	00700	OPERATION OF PLANT	15,552	45,825	278,608			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,307	0	0	1,307		8.00
9.00	00900	HOUSEKEEPING	7,959	12,258	4,385	0	83,266	9.00
10.00	01000	DIETARY	3,048	10,813	3,868	0	1,174	10.00
11.00	01100	CAFETERIA	2,067	15,610	5,584	0	1,695	11.00
13.00	01300	NURSING ADMINISTRATION	11,729	1,651	591	0	179	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,162	13,923	4,980	0	1,512	14.00
15.00	01500	PHARMACY	13,047	7,772	2,780	0	844	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,251	11,113	3,975	0	1,207	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,066	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,336	180,414	64,536	576	19,598	30.00
31.00	03100	INTENSIVE CARE UNIT	12,994	22,589	8,080	96	2,453	31.00
32.00	02060	CORONARY CARE UNIT	3,137	1,212	434	4	132	32.00
41.00	04100	SUBPROVIDER - IRF	18,036	13,506	4,831	267	1,467	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,220	0	0	7	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,480	37,503	13,415	0	4,073	50.00
50.01	05001	OUTPATIENT SURGERY	8,022	32,032	11,458	0	3,479	50.01
51.00	05100	RECOVERY ROOM	2,764	12,626	4,516	0	1,371	51.00
53.00	05300	ANESTHESIOLOGY	12,293	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,949	32,710	11,701	0	3,553	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	4,078	3,507	1,255	0	381	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,516	20,862	7,463	0	2,266	55.00
56.00	05600	RADIOISOTOPE	2,935	11,216	4,012	0	1,218	56.00
60.00	06000	LABORATORY	20,364	15,713	5,620	0	1,707	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	120	6,439	2,303	0	699	63.00
65.00	06500	RESPIRATORY THERAPY	6,380	4,868	1,741	0	529	65.00
66.00	06600	PHYSICAL THERAPY	32,181	3,303	1,181	0	359	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,240	1,265	452	0	137	67.00
68.00	06800	SPEECH PATHOLOGY	1,700	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,951	8,661	3,098	0	941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	786	11,969	4,281	0	1,300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,305	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,310	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,050	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	3,030	5,206	1,862	0	565	76.00
76.01	03951	PAIN CLINIC	4,197	28,029	10,026	0	3,044	76.01
76.02	03952	CATH LAB	8,861	20,557	7,353	0	2,233	76.02
76.03	03953	ACTIVITY THERAPEUTIC	11,030	12,979	4,643	0	1,410	76.03
76.04	03954	WOUND CARE CENTER	2,021	14,475	5,178	0	1,572	76.04
76.05	03340	BARIATRIC CLINIC	2,550	4,383	1,568	0	476	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	501	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	2,746	1,001	358	0	109	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	26,340	36,579	13,085	0	3,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	465,006	662,569	220,613	950	65,656	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	424	1,811	648	0	197	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,612	31,154	11,144	0	3,384	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	13,246	68,935	24,658	0	7,487	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	1,119	60,232	21,545	357	6,542	194.02
194.03	07953	CENTER OF HOPE	51	0	0	0	0	194.03
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)	511,458	824,701	278,608	1,307	83,266	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	78,048					10.00
11.00	01100	CAFETERIA	0	95,126				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,352	100,876			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	68	0	144,517		14.00
15.00	01500	PHARMACY	0	107	0	99	63,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,761	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	43,563	8,209	37,816	5,066	117	30.00
31.00	03100	INTENSIVE CARE UNIT	7,226	3,649	11,155	1,369	434	31.00
32.00	02060	CORONARY CARE UNIT	300	908	1,256	10	2	32.00
41.00	04100	SUBPROVIDER - IRF	0	6,110	11,752	907	19	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,088	3,202	73,409	4	50.00
50.01	05001	OUTPATIENT SURGERY	0	4,869	4,567	3,863	49	50.01
51.00	05100	RECOVERY ROOM	0	69	1,900	758	1	51.00
53.00	05300	ANESTHESIOLOGY	0	3,350	0	1,920	919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,951	16	1,190	71	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,072	540	2,835	28	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	229	497	95	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	28	4,407	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,891	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	670	0	1,303	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,977	3	132	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	932	0	38	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,515	0	274	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	210	2,377	95	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,579	0	20	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	57,066	73.00
76.00	03630	ULTRA SOUND	0	1,004	21	145	149	76.00
76.01	03951	PAIN CLINIC	0	269	2,879	1,273	0	76.01
76.02	03952	CATH LAB	0	326	3,315	42,991	8	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	3,822	0	3	0	76.03
76.04	03954	WOUND CARE CENTER	0	233	2,092	815	162	76.04
76.05	03340	BARIATRIC CLINIC	0	820	1,598	21	27	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	871	0	269	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	14,043	13,536	2,698	93	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,089	73,063	98,522	144,517	63,581	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,302	2,354	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	10,930	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	26,959	5,815	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	16	0	0	0	194.03
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)	78,048	95,126	100,876	144,517	63,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	22.00	24.00	25.00	
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	74,798					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,066			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,610	0		1,508,665	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,101	0		366,140	0	31.00
32.00	02060	CORONARY CARE UNIT	69	0		18,666	0	32.00
41.00	04100	SUBPROVIDER - IRF	1,283	0		142,639	0	41.00
42.00	04200	SUBPROVIDER	0	0		0	0	42.00
43.00	04300	NURSERY	57	0		1,387	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,498	0		947,018	0	50.00
50.01	05001	OUTPATIENT SURGERY	2,025	0		353,797	0	50.01
51.00	05100	RECOVERY ROOM	802	0		104,181	0	51.00
53.00	05300	ANESTHESIOLOGY	2,480	0		144,434	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,374	0		1,065,651	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	956	0		308,530	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,009	0		168,025	0	55.00
56.00	05600	RADIOISOTOPE	1,852	0		175,961	0	56.00
60.00	06000	LABORATORY	6,936	0		125,460	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	0		41,643	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,146	0		106,493	0	65.00
66.00	06600	PHYSICAL THERAPY	2,187	0		85,739	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	483	0		11,410	0	67.00
68.00	06800	SPEECH PATHOLOGY	254	0		11,022	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,315	0		130,362	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	209	0		94,003	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,941	0		34,246	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,840	0		47,150	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,911	0		83,027	0	73.00
76.00	03630	ULTRA SOUND	1,088	0		239,975	0	76.00
76.01	03951	PAIN CLINIC	1,490	0		184,307	0	76.01
76.02	03952	CATH LAB	5,669	0		688,376	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	665	0		93,728	0	76.03
76.04	03954	WOUND CARE CENTER	316	0		96,761	0	76.04
76.05	03340	BARIATRIC CLINIC	87	0		34,592	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0		546	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	199	0		10,560	0	76.08
76.09	03956	LACTATION CLINIC	0	0		0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	5,608	0		445,503	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,798	0	0	7,869,997	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		11,201	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		241,134	0	192.00
192.01	19201	WORKING WELL	0	0		0	0	192.01
194.00	07950	RESIDENTIAL	0	0		449,816	0	194.00
194.01	07951	OMNI	0	0		0	0	194.01
194.02	07952	PSYCHIATRIC	0	0		413,574	0	194.02
194.03	07953	CENTER OF HOPE	0	0		72	0	194.03
200.00		Cross Foot Adjustments			4,066	4,066	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 11:55 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	22.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	74,798	0	4,066	8,989,860	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	Total		
			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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL			5.04
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	1,508,665		30.00
31.00	03100	INTENSIVE CARE UNIT	366,140		31.00
32.00	02060	CORONARY CARE UNIT	18,666		32.00
41.00	04100	SUBPROVIDER - IRF	142,639		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	1,387		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	947,018		50.00
50.01	05001	OUTPATIENT SURGERY	353,797		50.01
51.00	05100	RECOVERY ROOM	104,181		51.00
53.00	05300	ANESTHESIOLOGY	144,434		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,065,651		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	308,530		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	168,025		55.00
56.00	05600	RADIOISOTOPE	175,961		56.00
60.00	06000	LABORATORY	125,460		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,643		63.00
65.00	06500	RESPIRATORY THERAPY	106,493		65.00
66.00	06600	PHYSICAL THERAPY	85,739		66.00
67.00	06700	OCCUPATIONAL THERAPY	11,410		67.00
68.00	06800	SPEECH PATHOLOGY	11,022		68.00
69.00	06900	ELECTROCARDIOLOGY	130,362		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,003		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,246		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,150		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,027		73.00
76.00	03630	ULTRA SOUND	239,975		76.00
76.01	03951	PAIN CLINIC	184,307		76.01
76.02	03952	CATH LAB	688,376		76.02
76.03	03953	ACTIVITY THERAPEUTIC	93,728		76.03
76.04	03954	WOUND CARE CENTER	96,761		76.04
76.05	03340	BARIATRIC CLINIC	34,592		76.05
76.06	03030	HEALTHY LIVING CENTER	0		76.06
76.07	03950	CV RESOURCE CENTER	546		76.07
76.08	03955	ANTICOAGULATION CLINIC	10,560		76.08
76.09	03956	LACTATION CLINIC	0		76.09
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	445,503		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,869,997		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,201		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	241,134		192.00
192.01	19201	WORKING WELL	0		192.01
194.00	07950	RESIDENTIAL	449,816		194.00
194.01	07951	OMNI	0		194.01
194.02	07952	PSYCHIATRIC	413,574		194.02
194.03	07953	CENTER OF HOPE	72		194.03
200.00		Cross Foot Adjustments	4,066		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	8,989,860		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A.04	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	470,676					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,786,493				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,943	9,509	66,633,525			4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	35,111	133,092	13,690,217	-33,407,909	133,023,388	5.04
6.00	00600	MAINTENANCE & REPAIRS	71,044	71,951	1,267,562	0	5,304,294	6.00
7.00	00700	OPERATION OF PLANT	20,147	10,575	417,848	0	4,044,616	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	339,849	8.00
9.00	00900	HOUSEKEEPING	5,389	2,847	1,292,692	0	2,069,848	9.00
10.00	01000	DIETARY	4,754	9,490	406,052	0	792,843	10.00
11.00	01100	CAFETERIA	6,863	0	495,163	0	537,513	11.00
13.00	01300	NURSING ADMINISTRATION	726	68,669	2,057,794	0	3,050,475	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,121	52,654	403,754	0	822,259	14.00
15.00	01500	PHARMACY	3,417	2,946	1,857,534	0	3,393,110	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,886	548	193,263	0	1,365,561	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,057,462	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	79,318	248,339	9,789,969	0	14,656,355	30.00
31.00	03100	INTENSIVE CARE UNIT	9,931	174,180	1,991,168	0	3,379,457	31.00
32.00	02060	CORONARY CARE UNIT	533	5,127	203,531	0	815,771	32.00
41.00	04100	SUBPROVIDER - IRF	5,938	20,621	2,437,888	0	4,690,686	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	227,197	0	317,175	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,488	563,010	1,906,870	0	4,026,109	50.00
50.01	05001	OUTPATIENT SURGERY	14,083	125,858	1,181,897	0	2,086,418	50.01
51.00	05100	RECOVERY ROOM	5,551	20,393	479,898	0	718,899	51.00
53.00	05300	ANESTHESIOLOGY	0	111,482	55,516	0	3,197,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,381	761,194	1,480,325	0	3,627,885	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	250,997	495,583	0	1,060,662	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,172	34,731	332,662	0	914,396	55.00
56.00	05600	RADIOISOTOPE	4,931	90,197	352,019	0	763,362	56.00
60.00	06000	LABORATORY	6,908	4,259	0	0	5,296,274	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	31,276	63.00
65.00	06500	RESPIRATORY THERAPY	2,140	60,208	826,055	0	1,659,380	65.00
66.00	06600	PHYSICAL THERAPY	1,452	20,891	3,260,558	0	8,369,588	66.00
67.00	06700	OCCUPATIONAL THERAPY	556	0	431,392	0	582,481	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,447	308,052	0	442,254	68.00
69.00	06900	ELECTROCARDIOLOGY	3,808	61,845	873,268	0	1,287,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,262	18,231	94,216	0	204,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,621,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,524,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,954,371	73.00
76.00	03630	ULTRA SOUND	2,289	183,674	412,700	0	788,064	76.00
76.01	03951	PAIN CLINIC	12,323	6,484	720,654	0	1,091,571	76.01
76.02	03952	CATH LAB	9,038	455,541	1,134,224	0	2,304,588	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,706	75	2,065,044	0	2,868,752	76.03
76.04	03954	WOUND CARE CENTER	6,364	4,408	342,481	0	525,520	76.04
76.05	03340	BARIATRIC CLINIC	1,927	2,924	406,873	0	663,134	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	98,790	0	130,400	76.07
76.08	03955	ANTICOAGULATION CLINIC	440	255	530,467	0	714,286	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	16,082	147,582	4,888,235	0	6,850,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	399,395	3,741,234	59,409,411	-33,407,909	120,942,273	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	0	16,637	0	110,297	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,697	12,890	5,090,114	0	8,221,567	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	30,307	13,296	2,107,220	0	3,444,926	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	26,481	19,073	0	0	291,005	194.02
194.03	07953	CENTER OF HOPE	0	0	10,143	0	13,320	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A.04	5.04	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,796,958	4,192,902	20,870,796		33,407,909	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.191635	1.107331	0.313218		0.251143	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			30,332		511,458	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000455		0.003845	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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS	362,578					6.00
7.00	00700	OPERATION OF PLANT	20,147	342,431				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	635,755			8.00
9.00	00900	HOUSEKEEPING	5,389	5,389	0	337,042		9.00
10.00	01000	DIETARY	4,754	4,754	0	4,754	206,895	10.00
11.00	01100	CAFETERIA	6,863	6,863	0	6,863	0	11.00
13.00	01300	NURSING ADMINISTRATION	726	726	0	726	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,121	6,121	0	6,121	0	14.00
15.00	01500	PHARMACY	3,417	3,417	0	3,417	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,886	4,886	0	4,886	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	79,318	79,318	280,403	79,318	115,480	30.00
31.00	03100	INTENSIVE CARE UNIT	9,931	9,931	46,512	9,931	19,155	31.00
32.00	02060	CORONARY CARE UNIT	533	533	1,934	533	796	32.00
41.00	04100	SUBPROVIDER - IRF	5,938	5,938	129,922	5,938	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	3,459	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,488	16,488	0	16,488	0	50.00
50.01	05001	OUTPATIENT SURGERY	14,083	14,083	0	14,083	0	50.01
51.00	05100	RECOVERY ROOM	5,551	5,551	0	5,551	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,381	14,381	0	14,381	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	1,542	0	1,542	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,172	9,172	0	9,172	0	55.00
56.00	05600	RADIOISOTOPE	4,931	4,931	0	4,931	0	56.00
60.00	06000	LABORATORY	6,908	6,908	0	6,908	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,831	2,831	0	2,831	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,140	2,140	0	2,140	0	65.00
66.00	06600	PHYSICAL THERAPY	1,452	1,452	0	1,452	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	556	556	0	556	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,808	3,808	0	3,808	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,262	5,262	0	5,262	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	2,289	2,289	0	2,289	0	76.00
76.01	03951	PAIN CLINIC	12,323	12,323	0	12,323	0	76.01
76.02	03952	CATH LAB	9,038	9,038	0	9,038	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,706	5,706	0	5,706	0	76.03
76.04	03954	WOUND CARE CENTER	6,364	6,364	0	6,364	0	76.04
76.05	03340	BARIATRIC CLINIC	1,927	1,927	0	1,927	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	440	440	0	440	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	16,082	16,082	0	16,082	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	291,297	271,150	462,230	265,761	135,431	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	796	0	796	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,697	13,697	0	13,697	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	30,307	30,307	0	30,307	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	26,481	26,481	173,525	26,481	71,464	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03
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)	6,636,430	5,429,153	425,200	2,773,754	1,193,472	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	18.303455	15.854736	0.668811	8.229698	5.768491	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	824,701	278,608	1,307	83,266	78,048	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.274548	0.813618	0.002056	0.247049	0.377235	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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISI)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	70,307					11.00
13.00	01300	NURSING ADMINISTRATION	1,738	295,941				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50	0	18,935,637			14.00
15.00	01500	PHARMACY	79	0	12,923	4,954,773		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,041	0	6	0	589,048,850	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,067	110,941	663,839	9,104	36,301,115	30.00
31.00	03100	INTENSIVE CARE UNIT	2,697	32,727	179,361	33,805	8,672,306	31.00
32.00	02060	CORONARY CARE UNIT	671	3,685	1,283	153	543,306	32.00
41.00	04100	SUBPROVIDER - IRF	4,516	34,476	118,784	1,517	10,101,451	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	446,613	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	804	9,395	9,618,984	324	51,166,310	50.00
50.01	05001	OUTPATIENT SURGERY	3,599	13,399	506,106	3,813	15,947,071	50.01
51.00	05100	RECOVERY ROOM	51	5,573	99,367	45	6,314,365	51.00
53.00	05300	ANESTHESIOLOGY	2,476	0	251,563	71,602	19,529,358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,659	46	155,891	5,554	58,158,236	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	792	1,583	371,441	2,218	7,528,241	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	169	1,458	12,466	18	7,941,969	55.00
56.00	05600	RADIOISOTOPE	0	0	3,633	343,460	14,580,218	56.00
60.00	06000	LABORATORY	0	0	0	0	54,611,233	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	378,824	0	2,659,136	63.00
65.00	06500	RESPIRATORY THERAPY	495	0	170,743	0	16,895,938	65.00
66.00	06600	PHYSICAL THERAPY	5,157	9	17,307	50	17,218,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	689	0	4,918	0	3,803,274	67.00
68.00	06800	SPEECH PATHOLOGY	1,120	0	35,852	0	2,001,299	68.00
69.00	06900	ELECTROCARDIOLOGY	155	6,973	12,409	1,889	18,230,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,167	0	2,654	0	1,643,963	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	38,904,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	22,360,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,446,911	54,416,272	73.00
76.00	03630	ULTRA SOUND	742	61	18,991	11,649	8,568,630	76.00
76.01	03951	PAIN CLINIC	199	8,445	166,776	0	11,730,122	76.01
76.02	03952	CATH LAB	241	9,726	5,633,011	661	44,637,725	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,825	0	338	0	5,234,941	76.03
76.04	03954	WOUND CARE CENTER	172	6,138	106,787	12,624	2,492,101	76.04
76.05	03340	BARIATRIC CLINIC	606	4,687	2,689	2,100	683,802	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	644	0	35,225	0	1,566,244	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	1	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,379	39,712	353,466	7,276	44,159,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,000	289,034	18,935,637	4,954,773	589,048,850	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,919	6,907	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	8,078	0	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	4,298	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	12	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISI)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	963,414	3,871,170	1,288,905	4,392,069	1,943,587	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.702960	13.080884	0.068068	0.886432	0.003300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	95,126	100,876	144,517	63,581	74,798	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.353009	0.340865	0.007632	0.012832	0.000127	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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

		Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	22.00		
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	589,048,850			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	822		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	36,301,115	475		30.00
31.00	03100	INTENSIVE CARE UNIT	8,672,306	0		31.00
32.00	02060	CORONARY CARE UNIT	543,306	0		32.00
41.00	04100	SUBPROVIDER - IRF	10,101,451	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	446,613	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	51,166,310	22		50.00
50.01	05001	OUTPATIENT SURGERY	15,947,071	0		50.01
51.00	05100	RECOVERY ROOM	6,314,365	0		51.00
53.00	05300	ANESTHESIOLOGY	19,529,358	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,158,236	8		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	7,528,241	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,941,969	0		55.00
56.00	05600	RADIOISOTOPE	14,580,218	0		56.00
60.00	06000	LABORATORY	54,611,233	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,659,136	0		63.00
65.00	06500	RESPIRATORY THERAPY	16,895,938	0		65.00
66.00	06600	PHYSICAL THERAPY	17,218,870	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,803,274	0		67.00
68.00	06800	SPEECH PATHOLOGY	2,001,299	0		68.00
69.00	06900	ELECTROCARDIOLOGY	18,230,314	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,643,963	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,904,102	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,360,394	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,416,272	0		73.00
76.00	03630	ULTRA SOUND	8,568,630	0		76.00
76.01	03951	PAIN CLINIC	11,730,122	0		76.01
76.02	03952	CATH LAB	44,637,725	0		76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,234,941	0		76.03
76.04	03954	WOUND CARE CENTER	2,492,101	0		76.04
76.05	03340	BARIATRIC CLINIC	683,802	0		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		76.06
76.07	03950	CV RESOURCE CENTER	0	0		76.07
76.08	03955	ANTICOAGULATION CLINIC	1,566,244	0		76.08
76.09	03956	LACTATION CLINIC	1	0		76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	44,159,930	317		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	589,048,850	822		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01	19201	WORKING WELL	0	0		192.01
194.00	07950	RESIDENTIAL	0	0		194.00
194.01	07951	OMNI	0	0		194.01
194.02	07952	PSYCHIATRIC	0	0		194.02
194.03	07953	CENTER OF HOPE	0	0		194.03
200.00		Cross Foot Adjustments	0	0		200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/31/2019 11:55 am

	Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		17.00	22.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	1,323,036				202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1,609.532847				203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	4,066				204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	4.946472				205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 11:55 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,260,406		24,260,406	5,143	24,265,549	30.00
31.00	03100	INTENSIVE CARE UNIT	5,326,590		5,326,590	30,656	5,357,246	31.00
32.00	02060	CORONARY CARE UNIT	1,108,538		1,108,538	0	1,108,538	32.00
41.00	04100	SUBPROVIDER - IRF	6,762,936		6,762,936	0	6,762,936	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	400,618		400,618	0	400,618	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,693,915		6,693,915	125	6,694,040	50.00
50.01	05001	OUTPATIENT SURGERY	3,522,399		3,522,399	16,405	3,538,804	50.01
51.00	05100	RECOVERY ROOM	1,235,980		1,235,980	0	1,235,980	51.00
53.00	05300	ANESTHESIOLOGY	4,179,196		4,179,196	0	4,179,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,406,506		5,406,506	0	5,406,506	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,476,054		1,476,054	0	1,476,054	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,581,283		1,581,283	0	1,581,283	55.00
56.00	05600	RADIOISOTOPE	1,516,906		1,516,906	0	1,516,906	56.00
60.00	06000	LABORATORY	7,099,429		7,099,429	18,758	7,118,187	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	193,692		193,692	0	193,692	63.00
65.00	06500	RESPIRATORY THERAPY	2,240,994	0	2,240,994	0	2,240,994	65.00
66.00	06600	PHYSICAL THERAPY	10,661,927	0	10,661,927	240	10,662,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	774,662	0	774,662	0	774,662	67.00
68.00	06800	SPEECH PATHOLOGY	577,714	0	577,714	0	577,714	68.00
69.00	06900	ELECTROCARDIOLOGY	1,928,482		1,928,482	0	1,928,482	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	500,354		500,354	0	500,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,663,918		9,663,918	0	9,663,918	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,492,070		14,492,070	0	14,492,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,320,085		10,320,085	0	10,320,085	73.00
76.00	03630	ULTRA SOUND	1,133,868		1,133,868	0	1,133,868	76.00
76.01	03951	PAIN CLINIC	2,051,313		2,051,313	0	2,051,313	76.01
76.02	03952	CATH LAB	3,928,316		3,928,316	0	3,928,316	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,887,094		3,887,094	0	3,887,094	76.03
76.04	03954	WOUND CARE CENTER	1,036,588		1,036,588	572	1,037,160	76.04
76.05	03340	BARIATRIC CLINIC	985,273		985,273	0	985,273	76.05
76.06	03030	HEALTHY LIVING CENTER	0		0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	163,149		163,149	0	163,149	76.07
76.08	03955	ANTICOAGULATION CLINIC	928,717		928,717	303	929,020	76.08
76.09	03956	LACTATION CLINIC	0		0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,090,539		10,090,539	25,863	10,116,402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,627,624		5,627,624		5,627,624	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	151,757,135	0	151,757,135	98,065	151,855,200	200.00
201.00		Less Observation Beds	5,627,624		5,627,624		5,627,624	201.00
202.00		Total (see instructions)	146,129,511	0	146,129,511	98,065	146,227,576	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 11:55 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,756,512		26,756,512			30.00
31.00	03100	INTENSIVE CARE UNIT	8,672,306		8,672,306			31.00
32.00	02060	CORONARY CARE UNIT	543,306		543,306			32.00
41.00	04100	SUBPROVIDER - IRF	10,101,451		10,101,451			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	446,613		446,613			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,216,905	27,949,405	51,166,310	0.130827	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	6,120,111	9,826,960	15,947,071	0.220881	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,779,315	4,535,050	6,314,365	0.195741	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	7,334,904	12,194,454	19,529,358	0.213996	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,916,722	41,241,514	58,158,236	0.092962	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,094,149	5,434,092	7,528,241	0.196069	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	241,634	7,700,335	7,941,969	0.199105	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,059,090	13,521,128	14,580,218	0.104039	0.000000	56.00
60.00	06000	LABORATORY	23,659,493	30,951,740	54,611,233	0.129999	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,208,678	450,458	2,659,136	0.072840	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	11,918,115	4,977,823	16,895,938	0.132635	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,768,302	13,450,568	17,218,870	0.619200	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,637,190	166,084	3,803,274	0.203683	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,318,045	683,254	2,001,299	0.288670	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,370,521	9,859,793	18,230,314	0.105784	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	352,607	1,291,356	1,643,963	0.304358	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,947,528	16,956,574	38,904,102	0.248404	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,362,509	11,997,885	22,360,394	0.648113	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,797,835	15,618,437	54,416,272	0.189651	0.000000	73.00
76.00	03630	ULTRA SOUND	2,409,624	6,159,006	8,568,630	0.132328	0.000000	76.00
76.01	03951	PAIN CLINIC	52,420	11,677,702	11,730,122	0.174876	0.000000	76.01
76.02	03952	CATH LAB	14,309,578	30,328,147	44,637,725	0.088004	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,274,223	1,960,718	5,234,941	0.742529	0.000000	76.03
76.04	03954	WOUND CARE CENTER	16,173	2,475,928	2,492,101	0.415949	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	4,118	679,684	683,802	1.440875	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	12,059	1,554,185	1,566,244	0.592958	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	1	1	0.000000	0.000000	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	9,983,551	34,176,379	44,159,930	0.228500	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,510,022	6,034,581	9,544,603	0.589613	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	265,195,609	323,853,241	589,048,850			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	265,195,609	323,853,241	589,048,850			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 11:55 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.130829		50.00
50.01	05001	OUTPATIENT SURGERY	0.221909		50.01
51.00	05100	RECOVERY ROOM	0.195741		51.00
53.00	05300	ANESTHESIOLOGY	0.213996		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105		55.00
56.00	05600	RADIOISOTOPE	0.104039		56.00
60.00	06000	LABORATORY	0.130343		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840		63.00
65.00	06500	RESPIRATORY THERAPY	0.132635		65.00
66.00	06600	PHYSICAL THERAPY	0.619214		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683		67.00
68.00	06800	SPEECH PATHOLOGY	0.288670		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651		73.00
76.00	03630	ULTRA SOUND	0.132328		76.00
76.01	03951	PAIN CLINIC	0.174876		76.01
76.02	03952	CATH LAB	0.088004		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529		76.03
76.04	03954	WOUND CARE CENTER	0.416179		76.04
76.05	03340	BARIATRIC CLINIC	1.440875		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	ANTICOAGULATION CLINIC	0.593152		76.08
76.09	03956	LACTATION CLINIC	0.000000		76.09
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.229086		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,260,406		24,260,406	5,143	24,265,549	30.00
31.00	03100	INTENSIVE CARE UNIT	5,326,590		5,326,590	30,656	5,357,246	31.00
32.00	02060	CORONARY CARE UNIT	1,108,538		1,108,538	0	1,108,538	32.00
41.00	04100	SUBPROVIDER - IRF	6,762,936		6,762,936	0	6,762,936	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	400,618		400,618	0	400,618	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,693,915		6,693,915	125	6,694,040	50.00
50.01	05001	OUTPATIENT SURGERY	3,522,399		3,522,399	16,405	3,538,804	50.01
51.00	05100	RECOVERY ROOM	1,235,980		1,235,980	0	1,235,980	51.00
53.00	05300	ANESTHESIOLOGY	4,179,196		4,179,196	0	4,179,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,406,506		5,406,506	0	5,406,506	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,476,054		1,476,054	0	1,476,054	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,581,283		1,581,283	0	1,581,283	55.00
56.00	05600	RADIOISOTOPE	1,516,906		1,516,906	0	1,516,906	56.00
60.00	06000	LABORATORY	7,099,429		7,099,429	18,758	7,118,187	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	193,692		193,692	0	193,692	63.00
65.00	06500	RESPIRATORY THERAPY	2,240,994	0	2,240,994	0	2,240,994	65.00
66.00	06600	PHYSICAL THERAPY	10,661,927	0	10,661,927	240	10,662,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	774,662	0	774,662	0	774,662	67.00
68.00	06800	SPEECH PATHOLOGY	577,714	0	577,714	0	577,714	68.00
69.00	06900	ELECTROCARDIOLOGY	1,928,482		1,928,482	0	1,928,482	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	500,354		500,354	0	500,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,663,918		9,663,918	0	9,663,918	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,492,070		14,492,070	0	14,492,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,320,085		10,320,085	0	10,320,085	73.00
76.00	03630	ULTRA SOUND	1,133,868		1,133,868	0	1,133,868	76.00
76.01	03951	PAIN CLINIC	2,051,313		2,051,313	0	2,051,313	76.01
76.02	03952	CATH LAB	3,928,316		3,928,316	0	3,928,316	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,887,094		3,887,094	0	3,887,094	76.03
76.04	03954	WOUND CARE CENTER	1,036,588		1,036,588	572	1,037,160	76.04
76.05	03340	BARIATRIC CLINIC	985,273		985,273	0	985,273	76.05
76.06	03030	HEALTHY LIVING CENTER	0		0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	163,149		163,149	0	163,149	76.07
76.08	03955	ANTICOAGULATION CLINIC	928,717		928,717	303	929,020	76.08
76.09	03956	LACTATION CLINIC	0		0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,090,539		10,090,539	25,863	10,116,402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,627,624		5,627,624		5,627,624	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	151,757,135	0	151,757,135	98,065	151,855,200	200.00
201.00		Less Observation Beds	5,627,624		5,627,624		5,627,624	201.00
202.00		Total (see instructions)	146,129,511	0	146,129,511	98,065	146,227,576	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,756,512		26,756,512			30.00
31.00	03100	INTENSIVE CARE UNIT	8,672,306		8,672,306			31.00
32.00	02060	CORONARY CARE UNIT	543,306		543,306			32.00
41.00	04100	SUBPROVIDER - IRF	10,101,451		10,101,451			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	446,613		446,613			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,216,905	27,949,405	51,166,310	0.130827	0.130827	50.00
50.01	05001	OUTPATIENT SURGERY	6,120,111	9,826,960	15,947,071	0.220881	0.220881	50.01
51.00	05100	RECOVERY ROOM	1,779,315	4,535,050	6,314,365	0.195741	0.195741	51.00
53.00	05300	ANESTHESIOLOGY	7,334,904	12,194,454	19,529,358	0.213996	0.213996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,916,722	41,241,514	58,158,236	0.092962	0.092962	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,094,149	5,434,092	7,528,241	0.196069	0.196069	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	241,634	7,700,335	7,941,969	0.199105	0.199105	55.00
56.00	05600	RADIOISOTOPE	1,059,090	13,521,128	14,580,218	0.104039	0.104039	56.00
60.00	06000	LABORATORY	23,659,493	30,951,740	54,611,233	0.129999	0.129999	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,208,678	450,458	2,659,136	0.072840	0.072840	63.00
65.00	06500	RESPIRATORY THERAPY	11,918,115	4,977,823	16,895,938	0.132635	0.132635	65.00
66.00	06600	PHYSICAL THERAPY	3,768,302	13,450,568	17,218,870	0.619200	0.619200	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,637,190	166,084	3,803,274	0.203683	0.203683	67.00
68.00	06800	SPEECH PATHOLOGY	1,318,045	683,254	2,001,299	0.288670	0.288670	68.00
69.00	06900	ELECTROCARDIOLOGY	8,370,521	9,859,793	18,230,314	0.105784	0.105784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	352,607	1,291,356	1,643,963	0.304358	0.304358	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,947,528	16,956,574	38,904,102	0.248404	0.248404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,362,509	11,997,885	22,360,394	0.648113	0.648113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,797,835	15,618,437	54,416,272	0.189651	0.189651	73.00
76.00	03630	ULTRA SOUND	2,409,624	6,159,006	8,568,630	0.132328	0.132328	76.00
76.01	03951	PAIN CLINIC	52,420	11,677,702	11,730,122	0.174876	0.174876	76.01
76.02	03952	CATH LAB	14,309,578	30,328,147	44,637,725	0.088004	0.088004	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,274,223	1,960,718	5,234,941	0.742529	0.742529	76.03
76.04	03954	WOUND CARE CENTER	16,173	2,475,928	2,492,101	0.415949	0.415949	76.04
76.05	03340	BARIATRIC CLINIC	4,118	679,684	683,802	1.440875	1.440875	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	12,059	1,554,185	1,566,244	0.592958	0.592958	76.08
76.09	03956	LACTATION CLINIC	0	1	1	0.000000	0.000000	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	9,983,551	34,176,379	44,159,930	0.228500	0.228500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,510,022	6,034,581	9,544,603	0.589613	0.589613	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	265,195,609	323,853,241	589,048,850			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	265,195,609	323,853,241	589,048,850			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
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
76.00	03630	ULTRA SOUND	0.000000		76.00
76.01	03951	PAIN CLINIC	0.000000		76.01
76.02	03952	CATH LAB	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000		76.03
76.04	03954	WOUND CARE CENTER	0.000000		76.04
76.05	03340	BARIATRIC CLINIC	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	ANTICOAGULATION CLINIC	0.000000		76.08
76.09	03956	LACTATION CLINIC	0.000000		76.09
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part I Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,508,665	0	1,508,665	21,154	71.32	30.00
31.00	INTENSIVE CARE UNIT	366,140		366,140	2,622	139.64	31.00
32.00	CORONARY CARE UNIT	18,666		18,666	109	171.25	32.00
41.00	SUBPROVIDER - IRF	142,639	0	142,639	7,324	19.48	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	1,387		1,387	195	7.11	43.00
200.00	Total (lines 30 through 199)	2,037,497		2,037,497	31,404		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	7,644	545,170	30.00
31.00	INTENSIVE CARE UNIT	1,084	151,370	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
41.00	SUBPROVIDER - IRF	4,705	91,653	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	13,433	788,193	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	947,018	51,166,310	0.018509	10,510,024	194,530	50.00
50.01	05001	OUTPATIENT SURGERY	353,797	15,947,071	0.022186	0	0	50.01
51.00	05100	RECOVERY ROOM	104,181	6,314,365	0.016499	948,932	15,656	51.00
53.00	05300	ANESTHESIOLOGY	144,434	19,529,358	0.007396	2,441,510	18,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,065,651	58,158,236	0.018323	8,043,353	147,378	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	308,530	7,528,241	0.040983	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	168,025	7,941,969	0.021157	132,551	2,804	55.00
56.00	05600	RADIOISOTOPE	175,961	14,580,218	0.012068	469,684	5,668	56.00
60.00	06000	LABORATORY	125,460	54,611,233	0.002297	10,339,359	23,750	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,643	2,659,136	0.015660	716,555	11,221	63.00
65.00	06500	RESPIRATORY THERAPY	106,493	16,895,938	0.006303	6,079,118	38,317	65.00
66.00	06600	PHYSICAL THERAPY	85,739	17,218,870	0.004979	749,398	3,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,410	3,803,274	0.003000	604,935	1,815	67.00
68.00	06800	SPEECH PATHOLOGY	11,022	2,001,299	0.005507	338,704	1,865	68.00
69.00	06900	ELECTROCARDIOLOGY	130,362	18,230,314	0.007151	7,510,768	53,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,003	1,643,963	0.057181	209,541	11,982	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,246	38,904,102	0.000880	5,841,709	5,141	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,150	22,360,394	0.002109	4,123,829	8,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,027	54,416,272	0.001526	15,676,361	23,922	73.00
76.00	03630	ULTRA SOUND	239,975	8,568,630	0.028006	604,652	16,934	76.00
76.01	03951	PAIN CLINIC	184,307	11,730,122	0.015712	47,598	748	76.01
76.02	03952	CATH LAB	688,376	44,637,725	0.015421	759,570	11,713	76.02
76.03	03953	ACTIVITY THERAPEUTIC	93,728	5,234,941	0.017904	36,991	662	76.03
76.04	03954	WOUND CARE CENTER	96,761	2,492,101	0.038827	0	0	76.04
76.05	03340	BARIATRIC CLINIC	34,592	683,802	0.050588	4,118	208	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	546	0	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	10,560	1,566,244	0.006742	4,118	28	76.08
76.09	03956	LACTATION CLINIC	0	1	0.000000	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	445,503	44,159,930	0.010088	4,376,693	44,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	349,886	9,544,603	0.036658	1,828,180	67,017	92.00
200.00		Total (lines 50 through 199)	6,182,386	542,528,662		82,398,251	709,706	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part III Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		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	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	21,154	0.00	7,644	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,622	0.00	1,084	31.00
32.00	02060	CORONARY CARE UNIT		0	109	0.00	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	7,324	0.00	4,705	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	195	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	31,404		13,433	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	02060	CORONARY CARE UNIT	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	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	51,166,310	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	15,947,071	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	6,314,365	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,529,358	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	58,158,236	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	7,528,241	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,941,969	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	14,580,218	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	54,611,233	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,659,136	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,895,938	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,218,870	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,803,274	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,001,299	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,230,314	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,643,963	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	38,904,102	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,360,394	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,416,272	0.000000	73.00
76.00	03630	ULTRA SOUND	0	0	0	8,568,630	0.000000	76.00
76.01	03951	PAIN CLINIC	0	0	0	11,730,122	0.000000	76.01
76.02	03952	CATH LAB	0	0	0	44,637,725	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,234,941	0.000000	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	2,492,101	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	683,802	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	1,566,244	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	1	0.000000	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	44,159,930	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,544,603	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	542,528,662		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	10,510,024	0	10,202,431	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.000000	0	0	2,020,185	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	948,932	0	3,884,714	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,441,510	0	2,750,299	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,043,353	0	12,653,541	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	155	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	132,551	0	2,192,240	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	469,684	0	5,577,527	0	56.00
60.00	06000	LABORATORY	0.000000	10,339,359	0	5,327,292	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	716,555	0	46,899	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	6,079,118	0	472,418	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	749,398	0	81,316	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	604,935	0	82,459	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	338,704	0	92,377	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,510,768	0	2,446,361	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	209,541	0	399,239	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,841,709	0	3,745,428	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,123,829	0	3,949,157	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,676,361	0	6,604,820	0	73.00
76.00	03630	ULTRA SOUND	0.000000	604,652	0	3,077,226	0	76.00
76.01	03951	PAIN CLINIC	0.000000	47,598	0	0	0	76.01
76.02	03952	CATH LAB	0.000000	759,570	0	13,786,211	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000	36,991	0	49,654	0	76.03
76.04	03954	WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.000000	4,118	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.000000	4,118	0	1,261,155	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000	4,376,693	0	6,224,539	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,828,180	0	1,707,784	0	92.00
200.00		Total (lines 50 through 199)		82,398,251	0	88,635,427	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.130827	10,202,431	0	0	1,334,753	50.00
50.01	05001	OUTPATIENT SURGERY	0.220881	2,020,185	0	0	446,220	50.01
51.00	05100	RECOVERY ROOM	0.195741	3,884,714	0	0	760,398	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	2,750,299	0	0	588,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	12,653,541	0	0	1,176,298	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	155	0	0	30	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	2,192,240	0	0	436,486	55.00
56.00	05600	RADIOISOTOPE	0.104039	5,577,527	0	0	580,280	56.00
60.00	06000	LABORATORY	0.129999	5,327,292	0	0	692,543	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	46,899	0	0	3,416	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	472,418	0	0	62,659	65.00
66.00	06600	PHYSICAL THERAPY	0.619200	81,316	0	0	50,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	82,459	0	0	16,795	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	92,377	0	0	26,666	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	2,446,361	0	0	258,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	399,239	0	0	121,512	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	3,745,428	0	0	930,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	3,949,157	0	0	2,559,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	6,604,820	0	82,470	1,252,611	73.00
76.00	03630	ULTRA SOUND	0.132328	3,077,226	0	0	407,203	76.00
76.01	03951	PAIN CLINIC	0.174876	0	0	0	0	76.01
76.02	03952	CATH LAB	0.088004	13,786,211	0	0	1,213,242	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	49,654	0	0	36,870	76.03
76.04	03954	WOUND CARE CENTER	0.415949	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.592958	1,261,155	0	0	747,812	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.228500	6,224,539	0	0	1,422,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	1,707,784	0	0	1,006,932	92.00
200.00		Subtotal (see instructions)		88,635,427	0	82,470	16,132,602	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		88,635,427	0	82,470	16,132,602	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	OUTPATIENT SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
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	15,641		73.00
76.00	03630	ULTRA SOUND	0	0		76.00
76.01	03951	PAIN CLINIC	0	0		76.01
76.02	03952	CATH LAB	0	0		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0		76.03
76.04	03954	WOUND CARE CENTER	0	0		76.04
76.05	03340	BARIATRIC CLINIC	0	0		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		76.06
76.07	03950	CV RESOURCE CENTER	0	0		76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0		76.08
76.09	03956	LACTATION CLINIC	0	0		76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	15,641		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	15,641		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	947,018	51,166,310	0.018509	99,571	1,843	50.00
50.01	05001	OUTPATIENT SURGERY	353,797	15,947,071	0.022186	19,352	429	50.01
51.00	05100	RECOVERY ROOM	104,181	6,314,365	0.016499	8,467	140	51.00
53.00	05300	ANESTHESIOLOGY	144,434	19,529,358	0.007396	27,624	204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,065,651	58,158,236	0.018323	472,817	8,663	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	308,530	7,528,241	0.040983	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	168,025	7,941,969	0.021157	40,187	850	55.00
56.00	05600	RADIOISOTOPE	175,961	14,580,218	0.012068	0	0	56.00
60.00	06000	LABORATORY	125,460	54,611,233	0.002297	976,233	2,242	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,643	2,659,136	0.015660	25,994	407	63.00
65.00	06500	RESPIRATORY THERAPY	106,493	16,895,938	0.006303	1,148,986	7,242	65.00
66.00	06600	PHYSICAL THERAPY	85,739	17,218,870	0.004979	2,766,540	13,775	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,410	3,803,274	0.003000	2,665,827	7,997	67.00
68.00	06800	SPEECH PATHOLOGY	11,022	2,001,299	0.005507	873,476	4,810	68.00
69.00	06900	ELECTROCARDIOLOGY	130,362	18,230,314	0.007151	131,637	941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,003	1,643,963	0.057181	18,556	1,061	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,246	38,904,102	0.000880	805,258	709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,150	22,360,394	0.002109	10,193	21	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,027	54,416,272	0.001526	1,697,100	2,590	73.00
76.00	03630	ULTRA SOUND	239,975	8,568,630	0.028006	87,336	2,446	76.00
76.01	03951	PAIN CLINIC	184,307	11,730,122	0.015712	0	0	76.01
76.02	03952	CATH LAB	688,376	44,637,725	0.015421	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	93,728	5,234,941	0.017904	77	1	76.03
76.04	03954	WOUND CARE CENTER	96,761	2,492,101	0.038827	0	0	76.04
76.05	03340	BARIATRIC CLINIC	34,592	683,802	0.050588	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	546	0	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	10,560	1,566,244	0.006742	7,941	54	76.08
76.09	03956	LACTATION CLINIC	0	1	0.000000	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	445,503	44,159,930	0.010088	182,025	1,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,544,603	0.000000	12,515	0	92.00
200.00		Total (lines 50 through 199)	5,832,500	542,528,662		12,077,712	58,261	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0090
Component CCN: 15-T090

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2019 11:55 am

Title XVIII

Subprovider - IRF

PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0090
Component CCN: 15-T090

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2019 11:55 am

Title XVIII

Subprovider - IRF

PPS

		Cost Center Description	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	51,166,310	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	15,947,071	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	6,314,365	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,529,358	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	58,158,236	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	7,528,241	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,941,969	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	14,580,218	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	54,611,233	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,659,136	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,895,938	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,218,870	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,803,274	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,001,299	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,230,314	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,643,963	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	38,904,102	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,360,394	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,416,272	0.000000	73.00
76.00	03630	ULTRA SOUND	0	0	0	8,568,630	0.000000	76.00
76.01	03951	PAIN CLINIC	0	0	0	11,730,122	0.000000	76.01
76.02	03952	CATH LAB	0	0	0	44,637,725	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,234,941	0.000000	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	2,492,101	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	683,802	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	1,566,244	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	1	0.000000	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	44,159,930	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,544,603	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	542,528,662		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	99,571	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.000000	19,352	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	8,467	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	27,624	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	472,817	0	7,569	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	40,187	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	976,233	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	25,994	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,148,986	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,766,540	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,665,827	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	873,476	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	131,637	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	18,556	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	805,258	0	680	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,193	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,697,100	0	0	0	73.00
76.00	03630	ULTRA SOUND	0.000000	87,336	0	4,027	0	76.00
76.01	03951	PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02	03952	CATH LAB	0.000000	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000	77	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.000000	7,941	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000	182,025	0	319	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	12,515	0	0	0	92.00
200.00		Total (lines 50 through 199)		12,077,712	0	12,595	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0090 Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.130827	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.220881	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195741	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	7,569	0	0	704	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.104039	0	0	0	0	56.00
60.00	06000	LABORATORY	0.129999	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.619200	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	680	0	0	169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	0	0	907	0	73.00
76.00	03630	ULTRA SOUND	0.132328	4,027	0	0	533	76.00
76.01	03951	PAIN CLINIC	0.174876	0	0	0	0	76.01
76.02	03952	CATH LAB	0.088004	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.415949	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.592958	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.228500	319	0	0	73	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	0	0	0	0	92.00
200.00		Subtotal (see instructions)		12,595	0	907	1,479	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		12,595	0	907	1,479	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V | Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	OUTPATIENT SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
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	172		73.00
76.00	03630	ULTRA SOUND	0	0		76.00
76.01	03951	PAIN CLINIC	0	0		76.01
76.02	03952	CATH LAB	0	0		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0		76.03
76.04	03954	WOUND CARE CENTER	0	0		76.04
76.05	03340	BARIATRIC CLINIC	0	0		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		76.06
76.07	03950	CV RESOURCE CENTER	0	0		76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0		76.08
76.09	03956	LACTATION CLINIC	0	0		76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	172		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	172		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.130827	4,652,373	0	0	608,656	50.00
50.01	05001	OUTPATIENT SURGERY	0.220881	867,719	0	0	191,663	50.01
51.00	05100	RECOVERY ROOM	0.195741	650,336	0	0	127,297	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	1,559,690	0	0	333,767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	6,514,290	0	0	605,581	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	502,820	0	0	98,587	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	592,482	0	0	117,966	55.00
56.00	05600	RADIOISOTOPE	0.104039	928,307	0	0	96,580	56.00
60.00	06000	LABORATORY	0.129999	5,055,710	0	0	657,237	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	94,434	0	0	6,879	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	447,259	0	0	59,322	65.00
66.00	06600	PHYSICAL THERAPY	0.619200	4,120,804	0	0	2,551,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	17,919	0	0	3,650	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	183,595	0	0	52,998	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	1,035,986	0	0	109,591	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	48,976	0	0	14,906	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	1,129,444	0	0	280,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	1,511,973	0	0	979,929	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	2,219,209	0	0	420,875	73.00
76.00	03630	ULTRA SOUND	0.132328	949,424	0	0	125,635	76.00
76.01	03951	PAIN CLINIC	0.174876	1,048,782	0	0	183,407	76.01
76.02	03952	CATH LAB	0.088004	1,184,298	0	0	104,223	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	22,717	0	0	16,868	76.03
76.04	03954	WOUND CARE CENTER	0.415949	245,594	0	0	102,155	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	130,189	0	0	187,586	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.592958	21,921	0	0	12,998	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.228500	11,679,739	0	0	2,668,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	1,178,018	0	0	694,575	92.00
200.00		Subtotal (see instructions)		48,594,008	0	0	11,413,911	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		48,594,008	0	0	11,413,911	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
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	0	73.00
76.00	03630	ULTRA SOUND	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	76.01
76.02	03952	CATH LAB	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Subprovider - IRF | TEFRA

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	947,018	51,166,310	0.018509	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	353,797	15,947,071	0.022186	0	0	50.01
51.00	05100	RECOVERY ROOM	104,181	6,314,365	0.016499	0	0	51.00
53.00	05300	ANESTHESIOLOGY	144,434	19,529,358	0.007396	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,065,651	58,158,236	0.018323	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	308,530	7,528,241	0.040983	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	168,025	7,941,969	0.021157	0	0	55.00
56.00	05600	RADIOISOTOPE	175,961	14,580,218	0.012068	0	0	56.00
60.00	06000	LABORATORY	125,460	54,611,233	0.002297	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,643	2,659,136	0.015660	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	106,493	16,895,938	0.006303	0	0	65.00
66.00	06600	PHYSICAL THERAPY	85,739	17,218,870	0.004979	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,410	3,803,274	0.003000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,022	2,001,299	0.005507	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	130,362	18,230,314	0.007151	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	94,003	1,643,963	0.057181	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,246	38,904,102	0.000880	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,150	22,360,394	0.002109	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,027	54,416,272	0.001526	0	0	73.00
76.00	03630	ULTRA SOUND	239,975	8,568,630	0.028006	0	0	76.00
76.01	03951	PAIN CLINIC	184,307	11,730,122	0.015712	0	0	76.01
76.02	03952	CATH LAB	688,376	44,637,725	0.015421	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	93,728	5,234,941	0.017904	0	0	76.03
76.04	03954	WOUND CARE CENTER	96,761	2,492,101	0.038827	0	0	76.04
76.05	03340	BARIATRIC CLINIC	34,592	683,802	0.050588	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	546	0	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	10,560	1,566,244	0.006742	0	0	76.08
76.09	03956	LACTATION CLINIC	0	1	0.000000	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	445,503	44,159,930	0.010088	485	5	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,544,603	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,832,500	542,528,662		485	5	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0090
Component CCN: 15-T090

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2019 11:55 am

Title XIX

Subprovider - IRF

TEFRA

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0090
Component CCN: 15-T090

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

Worksheet D
Part IV
Date/Time Prepared:
5/31/2019 11:55 am

Title XIX

Subprovider - IRF

TEFRA

		Cost Center Description	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	51,166,310	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	15,947,071	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	6,314,365	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,529,358	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	58,158,236	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	7,528,241	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,941,969	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	14,580,218	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	54,611,233	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,659,136	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,895,938	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,218,870	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,803,274	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,001,299	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,230,314	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,643,963	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	38,904,102	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,360,394	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,416,272	0.000000	73.00
76.00	03630	ULTRA SOUND	0	0	0	8,568,630	0.000000	76.00
76.01	03951	PAIN CLINIC	0	0	0	11,730,122	0.000000	76.01
76.02	03952	CATH LAB	0	0	0	44,637,725	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,234,941	0.000000	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	2,492,101	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	683,802	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	1,566,244	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	1	0.000000	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	44,159,930	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,544,603	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	542,528,662		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Subprovider - IRF | TEFRA

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	0	0	0	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	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0.000000	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02	03952	CATH LAB	0.000000	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000	485	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		485	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V | Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Subprovider - IRF | TEFRA

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.130827	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.220881	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195741	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.104039	0	0	0	0	56.00
60.00	06000	LABORATORY	0.129999	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.619200	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0.132328	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.174876	0	0	0	0	76.01
76.02	03952	CATH LAB	0.088004	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.415949	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.592958	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.228500	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 11:55 am
	Title XIX	Subprovider - IRF	TEFRA

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	OUTPATIENT SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
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	0		73.00
76.00	03630	ULTRA SOUND	0	0		76.00
76.01	03951	PAIN CLINIC	0	0		76.01
76.02	03952	CATH LAB	0	0		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0		76.03
76.04	03954	WOUND CARE CENTER	0	0		76.04
76.05	03340	BARIATRIC CLINIC	0	0		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		76.06
76.07	03950	CV RESOURCE CENTER	0	0		76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0		76.08
76.09	03956	LACTATION CLINIC	0	0		76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	21,154	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,154	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)	16,248	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)	7,644	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)	24,265,549	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)	24,265,549	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)	24,265,549	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)	1,147.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	8,768,356	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)	8,768,356	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,357,246	2,622	2,043.19	1,084	2,214,818	43.00
44.00	CORONARY CARE UNIT	1,108,538	109	10,170.07	0	0	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)	16,024,131	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	27,007,305	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	696,540	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	709,706	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,406,246	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	25,601,059	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	4,906	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,147.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,627,624	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

	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	1,508,665	24,265,549	0.062173	5,627,624	349,886	90.00
91.00	Nursing School cost	0	24,265,549	0.000000	5,627,624	0	91.00
92.00	Allied health cost	0	24,265,549	0.000000	5,627,624	0	92.00
93.00	All other Medical Education	0	24,265,549	0.000000	5,627,624	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,324	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,324	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)	7,324	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)	4,705	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)	6,762,936	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)	6,762,936	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)	6,762,936	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)	923.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,344,550	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)	4,344,550	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)	3,480,055	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,824,605	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)	91,653	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	58,261	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	149,914	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	7,674,691	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Subprovider - IRF	PPS

	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	142,639	6,762,936	0.021091	0	0	90.00
91.00	Nursing School cost	0	6,762,936	0.000000	0	0	91.00
92.00	Allied health cost	0	6,762,936	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,762,936	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 11:55 am
	Title XIX	Subprovider - IRF	TEFRA

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,324	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,324	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)	7,324	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)	542	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)	195	15.00
16.00	Nursery days (title V or XIX only)	82	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)	6,762,936	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)	6,762,936	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)	6,762,936	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)	923.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	500,477	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)	500,477	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Subprovider - IRF | TEFRA

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)	111	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	500,588	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	500,583	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	48	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)	-500,583	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)	5	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 11:55 am
	Title XIX	Subprovider - IRF	TEFRA

	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	0	6,762,936	0.000000	0	0	90.00
91.00	Nursing School cost	0	6,762,936	0.000000	0	0	91.00
92.00	Allied health cost	0	6,762,936	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,762,936	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Hospital | PPS

		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		12,184,357		30.00
31.00	03100	INTENSIVE CARE UNIT		3,151,843		31.00
32.00	02060	CORONARY CARE UNIT		0		32.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.130829	10,510,024	1,375,016	50.00
50.01	05001	OUTPATIENT SURGERY	0.221909	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195741	948,932	185,745	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	2,441,510	522,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	8,043,353	747,726	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	132,551	26,392	55.00
56.00	05600	RADIOISOTOPE	0.104039	469,684	48,865	56.00
60.00	06000	LABORATORY	0.130343	10,339,359	1,347,663	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	716,555	52,194	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	6,079,118	806,304	65.00
66.00	06600	PHYSICAL THERAPY	0.619214	749,398	464,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	604,935	123,215	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	338,704	97,774	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	7,510,768	794,519	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	209,541	63,775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	5,841,709	1,451,104	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	4,123,829	2,672,707	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	15,676,361	2,973,038	73.00
76.00	03630	ULTRA SOUND	0.132328	604,652	80,012	76.00
76.01	03951	PAIN CLINIC	0.174876	47,598	8,324	76.01
76.02	03952	CATH LAB	0.088004	759,570	66,845	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	36,991	27,467	76.03
76.04	03954	WOUND CARE CENTER	0.416179	0	0	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	4,118	5,934	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.593152	4,118	2,443	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.229086	4,376,693	1,002,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	1,828,180	1,077,919	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		82,398,251	16,024,131	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)		82,398,251		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	02060	CORONARY CARE UNIT		0		32.00
41.00	04100	SUBPROVIDER - IRF		6,474,494		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.130829	99,571	13,027	50.00
50.01	05001	OUTPATIENT SURGERY	0.221909	19,352	4,294	50.01
51.00	05100	RECOVERY ROOM	0.195741	8,467	1,657	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	27,624	5,911	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	472,817	43,954	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	40,187	8,001	55.00
56.00	05600	RADIOISOTOPE	0.104039	0	0	56.00
60.00	06000	LABORATORY	0.130343	976,233	127,245	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	25,994	1,893	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	1,148,986	152,396	65.00
66.00	06600	PHYSICAL THERAPY	0.619214	2,766,540	1,713,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	2,665,827	542,984	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	873,476	252,146	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	131,637	13,925	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	18,556	5,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	805,258	200,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	10,193	6,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	1,697,100	321,857	73.00
76.00	03630	ULTRA SOUND	0.132328	87,336	11,557	76.00
76.01	03951	PAIN CLINIC	0.174876	0	0	76.01
76.02	03952	CATH LAB	0.088004	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	77	57	76.03
76.04	03954	WOUND CARE CENTER	0.416179	0	0	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.593152	7,941	4,710	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.229086	182,025	41,699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	12,515	7,379	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,077,712	3,480,055	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)		12,077,712		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		4,365,991		30.00
31.00	03100	INTENSIVE CARE UNIT		1,314,715		31.00
32.00	02060	CORONARY CARE UNIT		180,438		32.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.130827	2,872,980	375,863	50.00
50.01	05001	OUTPATIENT SURGERY	0.220881	738,146	163,042	50.01
51.00	05100	RECOVERY ROOM	0.195741	334,008	65,379	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	882,879	188,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	2,259,272	210,026	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	206,880	40,563	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	0	0	55.00
56.00	05600	RADIOISOTOPE	0.104039	122,779	12,774	56.00
60.00	06000	LABORATORY	0.129999	3,974,684	516,705	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	206,436	15,037	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	1,450,209	192,348	65.00
66.00	06600	PHYSICAL THERAPY	0.619200	252,364	156,264	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	218,463	44,497	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	105,865	30,560	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	728,116	77,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	40,786	12,414	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	2,557,528	635,300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	699,420	453,303	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	6,659,339	1,262,950	73.00
76.00	03630	ULTRA SOUND	0.132328	321,368	42,526	76.00
76.01	03951	PAIN CLINIC	0.174876	4,822	843	76.01
76.02	03952	CATH LAB	0.088004	1,146,270	100,876	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	1,389,306	1,031,600	76.03
76.04	03954	WOUND CARE CENTER	0.415949	3,444	1,433	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.592958	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.228500	2,178,506	497,789	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		29,353,870	6,128,048	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)		29,353,870		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0090 | Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/31/2019 11:55 am

Title XIX | Subprovider - IRF | TEFRA

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	02060	CORONARY CARE UNIT		0		32.00
41.00	04100	SUBPROVIDER - IRF		304,549		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.130827	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.220881	0	0	50.01
51.00	05100	RECOVERY ROOM	0.195741	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.213996	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092962	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.196069	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.199105	0	0	55.00
56.00	05600	RADIOISOTOPE	0.104039	0	0	56.00
60.00	06000	LABORATORY	0.129999	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.072840	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.132635	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.619200	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203683	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.288670	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105784	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304358	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.248404	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.648113	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189651	0	0	73.00
76.00	03630	ULTRA SOUND	0.132328	0	0	76.00
76.01	03951	PAIN CLINIC	0.174876	0	0	76.01
76.02	03952	CATH LAB	0.088004	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.742529	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.415949	0	0	76.04
76.05	03340	BARIATRIC CLINIC	1.440875	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.592958	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	76.09
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.228500	485	111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.589613	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		485	111	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)		485		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 11:55 am
	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)	12,935,987	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	5,064,050	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)	657,840	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	6,078,427	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	126.56	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)	7.80	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)	0.89	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)	6.91	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	5.47	10.00
11.00	FTE count for residents in dental and podiatric programs.	3.20	11.00
12.00	Current year allowable FTE (see instructions)	8.67	12.00
13.00	Total allowable FTE count for the prior year.	10.46	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.	11.06	14.00
15.00	Sum of lines 12 through 14 divided by 3.	10.06	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	10.06	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.079488	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.088225	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.079488	21.00
22.00	IME payment adjustment (see instructions)	764,534	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	258,175	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)	-1.44	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)	764,534	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	258,175	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)	13.81	31.00
32.00	Sum of lines 30 and 31	16.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)	3.52	33.00
34.00	Disproportionate share adjustment (see instructions)	158,401	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 11:55 am
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		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)	0.000126848	0.000289957	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	858,343	2,398,775	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	641,993	604,623	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,246,616		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 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	20,827,428		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)	21,085,603	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,638,537	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).	361,301	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	23,085,441	59.00
60.00	Primary payer payments	0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	23,085,441	61.00
62.00	Deductibles billed to program beneficiaries	1,678,636	62.00
63.00	Coinsurance billed to program beneficiaries	105,525	63.00
64.00	Allowable bad debts (see instructions)	297,363	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	193,286	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	93,860	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	21,494,566	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)		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)	-86,954	70.93
70.94	HRR adjustment amount (see instructions)	-112,277	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 11:55 am
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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,295,335	71.00
71.01	Sequestration adjustment (see instructions)		425,907	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		21,115,745	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)		-246,317	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		334,499	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	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
	Comparision 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

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/31/2019 11:55 am

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,935,987	0	12,935,987		12,935,987	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,064,050	0		5,064,050	5,064,050	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	657,840	0	492,028	165,812	657,840	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,078,427	0	4,546,329	1,532,098	6,078,427	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.079488	0.079488	0.079488	0.079488		5.00
6.00	IME payment adjustment (see instructions)	22.00	764,534	0	549,444	215,090	764,534	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	258,175	0	258,175	0	258,175	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	764,534	0	549,444	215,090	764,534	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	258,175	0	258,175	0	258,175	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0352	0.0352	0.0352	0.0352		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	158,401	0	113,837	44,564	158,401	11.00
11.01	Uncompensated care payments	36.00	1,246,616	0	1,138,045	216,350	1,354,395	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,827,428	0	15,121,562	5,705,866	20,827,428	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,085,603	0	15,379,737	5,705,866	21,085,603	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,638,537	0	1,182,776	455,761	1,638,537	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/31/2019 11:55 am

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	16,562,513	6,161,627	22,724,140	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,465,782	0	1,053,759	412,023	1,465,782	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,274	0	34,494	6,780	41,274	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0555	0.0555	0.0555	0.0555		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	81,351	0	58,484	22,867	81,351	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0342	0.0342	0.0342	0.0342		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	50,130	0	36,039	14,091	50,130	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,638,537	0	1,182,776	455,761	1,638,537	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2019 11:55 am

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,935,987	12,935,987		12,935,987	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,064,050		5,064,050	5,064,050	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	657,840	558,933	98,906	657,839	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,078,427	4,175,053	0	4,175,053	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.079488	0.079488	0.079488		5.00
6.00	IME payment adjustment (see instructions)	22.00	764,534	549,444	215,090	764,534	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	258,175	258,175	0	258,175	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	764,534	549,444	215,090	764,534	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	258,175	258,175	0	258,175	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0352	0.0352	0.0352		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	158,401	113,837	44,564	158,401	11.00
11.01	Uncompensated care payments	36.00	1,246,616	641,993	604,623	1,246,616	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,827,428	14,800,195	6,027,233	20,827,428	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,085,603	15,058,370	6,027,233	21,085,603	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,638,537	1,182,776	455,761	1,638,537	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			16,241,146	6,482,994	22,724,140	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2019 11:55 am

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,465,782	1,053,759	412,023	1,465,782	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,274	34,494	6,780	41,274	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0555	0.0555	0.0555		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	81,351	58,484	22,867	81,351	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0342	0.0342	0.0342		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	50,130	36,039	14,091	50,130	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,638,537	1,182,776	455,761	1,638,537	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-86,954	-66,573	-20,381	-86,954	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-112,277	-76,322	-35,955	-112,277	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	15,641	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	16,132,602	2.00
3.00	OPPS payments	13,941,459	3.00
4.00	Outlier payment (see instructions)	82,554	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	15,641	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	82,470	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)	82,470	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	82,470	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	66,829	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)	15,641	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	14,024,013	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)	2,492,123	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	11,547,531	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	167,579	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	11,715,110	30.00
31.00	Primary payer payments	3,715	31.00
32.00	Subtotal (line 30 minus line 31)	11,711,395	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)	311,433	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	202,431	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	175,877	36.00
37.00	Subtotal (see instructions)	11,913,826	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-71	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	11,913,897	40.00
40.01	Sequestration adjustment (see instructions)	238,278	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	11,639,675	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	35,944	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	172	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,479	2.00
3.00	OPPS payments	1,414	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	172	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	907	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)	907	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	907	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	735	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)	172	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)	1,414	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)	202	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)	1,384	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)	1,384	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,384	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)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,384	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)	1,384	40.00
40.01	Sequestration adjustment (see instructions)	28	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	1,365	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-9	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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I Date/Time Prepared: 5/31/2019 11:55 am

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		21,115,745		11,639,675	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,115,745		11,639,675	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		35,944	6.01
6.02	SETTLEMENT TO PROGRAM		246,317		0	6.02
7.00	Total Medicare program liability (see instructions)		20,869,428		11,675,619	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0090 Component CCN: 15-T090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I Date/Time Prepared: 5/31/2019 11:55 am

Title XVIII | Subprovider - IRF | 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		7,455,143		1,365	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,455,143		1,365	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		41,075		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9	6.02
7.00	Total Medicare program liability (see instructions)		7,496,218		1,356	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: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	7,364,587	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0415	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	259,970	3.00
4.00	Outlier Payments	136,683	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	20.065753	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	7,761,240	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	7,761,240	17.00
18.00	Primary payer payments	20,756	18.00
19.00	Subtotal (line 17 less line 18).	7,740,484	19.00
20.00	Deductibles	33,500	20.00
21.00	Subtotal (line 19 minus line 20)	7,706,984	21.00
22.00	Coinsurance	61,640	22.00
23.00	Subtotal (line 21 minus line 22)	7,645,344	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	5,936	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	3,858	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,614	26.00
27.00	Subtotal (sum of lines 23 and 25)	7,649,202	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	7,649,202	32.00
32.01	Sequestration adjustment (see instructions)	152,984	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	7,455,143	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	41,075	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	136,683	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2019 11:55 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	29,353,870	48,594,008	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	29,353,870	48,594,008	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	29,353,870	48,594,008	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	29,353,870	48,594,008	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2019 11:55 am
	Title XIX	Subprovider - IRF	TEFRA

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	5		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	5	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	5	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	485	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	485	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	485	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	480	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	5	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	5	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	5	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	5	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	5	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	5	0	40.00
41.00	Interim payments	5	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			6.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			5.47	6.00
7.00	Enter the lesser of line 5 or line 6			5.47	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.59	4.44	5.03	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.59	4.44	5.03	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.20		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.59	7.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.89	9.05		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.43	9.50		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.97	8.73		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.97	8.73		17.00
18.00	Per resident amount	88,479.87	85,512.82		18.00
19.00	Approved amount for resident costs	85,825	746,527	832,352	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			832,352	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	13,433	3,987		26.00
27.00	Total Inpatient Days (see instructions)	26,529	26,529		27.00
28.00	Ratio of inpatient days to total inpatient days	0.506352	0.150288		28.00
29.00	Program direct GME amount	421,463	125,093		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,676		30.00
31.00	Net Program direct GME amount			528,880	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	34,831,910	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	20,756	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	34,811,154	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	16,149,894	42.00
43.00	Primary payer payments (see instructions)	3,715	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	16,146,179	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	50,957,333	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.683143	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.316857	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	528,880	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	361,301	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	167,579	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G | Date/Time Prepared: 5/31/2019 11:55 am

		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	267,910,286	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	-74,589,046	0	0	0	4.00
5.00	Other receivable	2,712,463	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,323,602	0	0	0	6.00
7.00	Inventory	3,921,376	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	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)	193,631,477	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	347,972	0	0	0	12.00
13.00	Land improvements	9,695,245	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	68,407,983	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	162,597,647	0	0	0	23.00
24.00	Accumulated depreciation	-143,920,170	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)	98,640,885	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	21,018	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,018	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	292,293,380	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	5,274,598	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,516,257	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				42.00
43.00	Due to other funds	14,100	0	0	0	43.00
44.00	Other current liabilities	2,645,172	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,450,127	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	53,008,843	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	53,008,843	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	67,458,970	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	224,834,412				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)	224,834,412	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	292,293,382	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-1 | Date/Time Prepared: 5/31/2019 11:55 am

		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		216,888,222		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,418,674				2.00
3.00	Total (sum of line 1 and line 2)		230,306,896		0		3.00
4.00	ROUNDING	1		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1		0		10.00
11.00	Subtotal (line 3 plus line 10)		230,306,897		0		11.00
12.00	EQUITY TRANSFERS	5,182,022		0		0	12.00
13.00	CONTRIBUTIONS PPE	290,463		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		5,472,485		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		224,834,412		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	EQUITY TRANSFERS		0		12.00
13.00	CONTRIBUTIONS PPE		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: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/31/2019 11:55 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	26,534,347		26,534,347	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	10,087,379		10,087,379	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	36,621,726		36,621,726	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	8,003,362		8,003,362	11.00
12.00	CORONARY CARE UNIT	0		0	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)	8,003,362		8,003,362	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,625,088		44,625,088	17.00
18.00	Ancillary services	201,794,822	297,836,253	499,631,075	18.00
19.00	Outpatient services	12,725,513	43,410,615	56,136,128	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSEABLE COST CENTERS	8,075,819	9,877,329	17,953,148	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	267,221,242	351,124,197	618,345,439	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		170,495,190		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	ROUNDING	15			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)		15		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		170,495,175		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-0090 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-3 | Date/Time Prepared: 5/31/2019 11:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	618,345,439	1.00
2.00	Less contractual allowances and discounts on patients' accounts	436,239,224	2.00
3.00	Net patient revenues (line 1 minus line 2)	182,106,215	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	170,495,175	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,611,040	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	20,685	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	861,619	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	460,935	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	87,806	20.00
21.00	Rental of vending machines	23,956	21.00
22.00	Rental of hospital space	51,220	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REV	301,413	24.00
25.00	Total other income (sum of lines 6-24)	1,807,634	25.00
26.00	Total (line 5 plus line 25)	13,418,674	26.00
27.00	EQUITY TXFR-OTHR NON OPER REV-PPE CN	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)	13,418,674	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0090	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/31/2019 11:55 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,465,782	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	41,274	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)	52.62	3.00
4.00	Number of interns & residents (see instructions)	10.06	4.00
5.00	Indirect medical education percentage (see instructions)	5.55	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)	81,351	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	13.81	8.00
9.00	Sum of lines 7 and 8	16.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)	3.42	10.00
11.00	Disproportionate share adjustment (see instructions)	50,130	11.00
12.00	Total prospective capital payments (see instructions)	1,638,537	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