

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: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 2:39 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2019	Time: 2:39 pm
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 LAFAYETTE (15-0109) 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		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-559,288	122,854	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	60,519	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-498,769	122,854	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 2:39 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1701 SOUTH CREASY LANE	PO Box:	Zip Code: 47905-	1.00
2.00	City: LAFAYETTE	State: IN	County: TIPPECANOE	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 LAFAYETTE	150109	29200	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRANCISCAN HEALTH LAFAYETTE REHAB	15T109	29200	5	01/01/1995	N	P	O	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	FRANCISCAN HOME CARE	157124	29200		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	FRANCISCAN HEALTH LAFAYETTE HOSPICE	151563	29200		01/01/1984				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

Inpatient PPS Information											
1.00	2.00	3.00									
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

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		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.	735	215	34	42	10,180	231	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	21	40	0	0	489		25.00
						Urban/Rural	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	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
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
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.							
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		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1			60.03
		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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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

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

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			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	N	0	76.00
			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.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	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)				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.				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

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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	
					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:	1,044,016		28,500				118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				Y	5.06		122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	158014		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 2:39 pm
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		1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS		Contractor's Number: 08101			141.00		
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290					142.00		
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290			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.						Y	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	
160.01		N	N	N	N			160.01	
160.02		N	N	N	N			160.02	
161.00	CMHC		N	N	N			161.00	
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						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)						9.99	169.00	
		Beginning	Ending						
		1.00	2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						07/01/2018	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: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 2:39 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	04/03/2019	Y	04/03/2019		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: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 2:39 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			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.	STEVE		HOWELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCIS CAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5927		STEVEN.HOWELL@FRANCIS CANALLIANCE.ORG	43.00

		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.	MANAGER REIMBURSEMENT	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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	158	58,543	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)		158	58,543	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		188	69,493	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,772		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		203			0	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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,318	468	34,271			1.00
2.00 HMO and other (see instructions)	4,707	9,983				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,318	468	34,271			7.00
8.00 INTENSIVE CARE UNIT	2,240	58	4,326			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 NEONATAL INTENSIVE CARE UNIT	0	197	3,176			12.00
13.00 NURSERY		500	3,243			13.00
14.00 Total (see instructions)	17,558	1,223	45,016	0.00	1,369.07	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,905	550	3,696	0.00	19.59	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	9,511	0	16,448	0.00	39.56	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	28.80	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)				0.00	1,457.02	27.00
28.00 Observation Bed Days		0	0			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	231	478			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: 15-0109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,959	173	10,089	1.00
2.00 HMO and other (see instructions)			929	2,687		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,959	173	10,089	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	165	37	289	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 15-0109

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 2:39 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	114,229,927	0	114,229,927	3,030,590.28	37.69
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		18,389,509	334,463	18,723,972	384,540.73	48.69
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,016,604	0	4,016,604	71,792.10	55.95
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		15,890,940	0	15,890,940	427,317.00	37.19
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		23,781,414	0	23,781,414		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,563,091	0	4,563,091		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		6,034,609	0	6,034,609		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,712,925	0	1,712,925	40,055.37	42.76
27.00	Administrative & General	5.00	22,711,874	-36,323	22,675,551	191,457.50	118.44

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 2:39 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		578,549	0	578,549	6,263.00	92.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,224,045	0	3,224,045	124,824.19	25.83	30.00
31.00	Laundry & Linen Service	8.00	132,737	0	132,737	8,409.00	15.79	31.00
32.00	Housekeeping	9.00	2,097,958	0	2,097,958	133,835.39	15.68	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,331,204	-1,428,000	903,204	55,014.41	16.42	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,428,000	1,428,000	86,979.96	16.42	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,264,834	0	3,264,834	70,408.24	46.37	38.00
39.00	Central Services and Supply	14.00	368,917	0	368,917	19,022.00	19.39	39.00
40.00	Pharmacy	15.00	2,873,395	-75,317	2,798,078	73,117.56	38.27	40.00
41.00	Medical Records & Medical Records Library	16.00	60,161	-41,168	18,993	757.53	25.07	41.00
42.00	Social Service	17.00	656,723	0	656,723	23,687.26	27.72	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2019 2:39 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	114,808,476	0	114,808,476	3,036,853.28	37.81	1.00
2.00	Excluded area salaries (see instructions)	18,389,509	334,463	18,723,972	384,540.73	48.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,418,967	-334,463	96,084,504	2,652,312.55	36.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,907,544	0	19,907,544	499,109.10	39.89	4.00
5.00	Subtotal wage-related costs (see inst.)	29,816,023	0	29,816,023	0.00	31.03	5.00
6.00	Total (sum of lines 3 thru 5)	146,142,534	-334,463	145,808,071	3,151,421.65	46.27	6.00
7.00	Total overhead cost (see instructions)	40,013,322	-152,808	39,860,514	833,831.41	47.80	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 2:39 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,844,303	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	417,236	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)	11,951,677	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	1,033,482	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	62,044	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)	289,762	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	712,360	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	7,000,846	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	32,795	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)	28,344,505	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: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 2:39 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,016,604	23,781,414	1.00
2.00	Hospital	4,016,604	23,781,414	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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0109 Component CCN: 15-7124		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/30/2019 2:39 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.00	0.00	0.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				0	1.00	2.00	
				3.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00	
6.00	Direct Nursing Service			0.00	0.00	0.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			0.00	0.00	0.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.00	0.00	0.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.00	0.00	0.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.00	0.00	0.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844			
20.01				26900		20.01	
20.02				29200		20.02	
20.03				99915		20.03	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,675	442	181	59	4,357	
22.00	Skilled Nursing Visit Charges	1,378,468	165,994	68,360	22,184	1,635,006	
23.00	Physical Therapy Visits	2,867	129	39	33	3,068	
24.00	Physical Therapy Visit Charges	1,115,812	50,310	15,191	12,870	1,194,183	
25.00	Occupational Therapy Visits	967	74	30	10	1,081	
26.00	Occupational Therapy Visit Charges	376,085	28,860	11,700	3,900	420,545	
27.00	Speech Pathology Visits	127	16	1	0	144	
28.00	Speech Pathology Visit Charges	49,473	6,240	390	0	56,103	
29.00	Medical Social Service Visits	43	1	1	3	48	
30.00	Medical Social Service Visit Charges	19,282	452	452	1,356	21,542	
31.00	Home Health Aide Visits	662	136	5	10	813	
32.00	Home Health Aide Visit Charges	119,971	24,752	910	1,820	147,453	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,341	798	257	115	9,511	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,059,091	276,608	97,003	42,130	3,474,832	
36.00	Total Number of Episodes (standard/non outlier)	602		95		704	
37.00	Total Number of Outlier Episodes			25		27	
38.00	Total Non-Routine Medical Supply Charges	110,732	11,238	4,404	164	126,538	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2018 To 12/31/2018	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/30/2019 2:39 pm
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	1	0	0	1	10.00
11.00	Hospice Routine Home Care	28,075	0	1,922	29,997	11.00
12.00	Hospice Inpatient Respite Care	52	0	21	73	12.00
13.00	Hospice General Inpatient Care	14	0	27	41	13.00
14.00	Total Hospice Days	28,142	0	1,970	30,112	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 2:39 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.201830	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			53,552,987	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			213,356,398	6.00	
7.00	Medicaid cost (line 1 times line 6)			43,061,722	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	32,390,023	13,764,226	46,154,249	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,537,278	13,764,226	20,301,504	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	901	226	1,127	22.00	
23.00	Cost of charity care (line 21 minus line 22)	6,536,377	13,764,000	20,300,377	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)			22,633,539	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			762,264	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,172,714	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			21,460,825	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,741,888	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			25,042,265	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,042,265	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		17,082,908	17,082,908	7,343,858	24,426,766	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,993,159	4,993,159	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,712,925	29,222,704	30,935,629	-176,792	30,758,837	4.00
5.01	01160	COMMUNICATIONS	510,522	769,280	1,279,802	0	1,279,802	5.01
5.02	01140	MGMT INFO SYSTEMS	4,422	874,477	878,899	0	878,899	5.02
5.03	00550	PURCHASING	0	323,639	323,639	0	323,639	5.03
5.04	00570	ADMINISTRATIVE	0	4,805	4,805	0	4,805	5.04
5.05	00580	PATIENT ACCOUNTING	0	1,743,891	1,743,891	0	1,743,891	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	22,196,930	39,259,917	61,456,847	136,097	61,592,944	5.06
7.00	00700	OPERATION OF PLANT	3,224,045	7,461,391	10,685,436	-5,769	10,679,667	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	132,737	891,349	1,024,086	0	1,024,086	8.00
9.00	00900	HOUSEKEEPING	2,097,958	1,008,257	3,106,215	-1,969	3,104,246	9.00
10.00	01000	DIETARY	2,331,204	1,512,458	3,843,662	-2,378,576	1,465,086	10.00
11.00	01100	CAFETERIA	0	0	0	2,326,450	2,326,450	11.00
13.00	01300	NURSING ADMINISTRATION	3,264,834	168,019	3,432,853	-10,422	3,422,431	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	368,917	1,134,096	1,503,013	-946,204	556,809	14.00
15.00	01500	PHARMACY	2,873,395	8,703,256	11,576,651	-8,620,478	2,956,173	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,161	163,929	224,090	-159,491	64,599	16.00
17.00	01700	SOCIAL SERVICE	656,723	3,447	660,170	0	660,170	17.00
20.00	02000	NURSING SCHOOL	1,961,338	311,075	2,272,413	296,957	2,569,370	20.00
23.00	02301	PHARMACY RESIDENCY	162,384	16,930	179,314	172,067	351,381	23.00
23.01	02300	EMS EDUCATION	122,463	19,476	141,939	153,700	295,639	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,010,115	3,051,329	22,061,444	-5,488,855	16,572,589	30.00
31.00	03100	INTENSIVE CARE UNIT	3,416,589	466,814	3,883,403	-249,687	3,633,716	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,809,386	826,593	2,635,979	-72,603	2,563,376	35.00
41.00	04100	SUBPROVIDER - IIRF	1,342,483	217,035	1,559,518	-46,346	1,513,172	41.00
43.00	04300	NURSERY	0	0	0	535,254	535,254	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,928,188	25,642,210	29,570,398	-21,990,367	7,580,031	50.00
51.00	05100	RECOVERY ROOM	647,254	40,229	687,483	-36,468	651,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,489,023	3,489,023	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,444,167	6,474,871	9,919,038	-1,714,621	8,204,417	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	353,563	324,986	678,549	-16,181	662,368	55.00
56.00	05600	RADIOISOTOPE	341,262	100,327	441,589	-38,852	402,737	56.00
56.01	03950	CARDIAC CATH LAB	1,281,781	4,726,845	6,008,626	-3,380,073	2,628,553	56.01
57.00	05700	CT SCAN	716,465	429,205	1,145,670	-226,840	918,830	57.00
58.00	05800	MRI	233,580	185,998	419,578	-57,207	362,371	58.00
60.00	06000	LABORATORY	0	9,991,059	9,991,059	-92,305	9,898,754	60.00
65.00	06500	RESPIRATORY THERAPY	2,139,941	695,839	2,835,780	-511,627	2,324,153	65.00
66.00	06600	PHYSICAL THERAPY	3,798,723	542,089	4,340,812	-257,505	4,083,307	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,375,856	66,848	1,442,704	-32,043	1,410,661	67.00
68.00	06800	SPEECH PATHOLOGY	463,949	9,304	473,253	-2,570	470,683	68.00
69.00	06900	ELECTROCARDIOLOGY	1,608,088	977,651	2,585,739	-15,883	2,569,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	688,376	149,012	837,388	-48,955	788,433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,342,632	12,342,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,100,155	19,100,155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,209,365	8,209,365	73.00
73.01	07301	DIABETES CENTER	345,492	11,314	356,806	-1,091	355,715	73.01
74.00	07400	RENAL DIALYSIS	149,665	681,077	830,742	-17,557	813,185	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	347	62,574	62,921	435	63,356	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	437,056	677,840	1,114,896	-272,861	842,035	90.00
91.00	09100	EMERGENCY	6,958,005	2,484,496	9,442,501	-1,173,271	8,269,230	91.00
91.01	04950	WOUND CARE	1,442,498	492,980	1,935,478	-454,398	1,481,080	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,815,299	529,641	2,344,940	-293,701	2,051,239	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,229,659	829,842	3,059,501	-239,073	2,820,428	95.00
101.00	10100	HOME HEALTH AGENCY	3,300,039	3,910,553	7,210,592	0	7,210,592	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		10,008,920	10,008,920	-10,068,511	-59,591	113.00
116.00	11600	HOSPICE	1,872,993	2,222,965	4,095,958	0	4,095,958	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	106,831,777	187,505,750	294,337,527	0	294,337,527	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,922	31,894	78,816	0	78,816	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,351,228	7,801,862	15,153,090	0	15,153,090	192.00
194.00	07950	MOB	0	9,825	9,825	0	9,825	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	30,302	30,302	0	30,302	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/30/2019 2:39 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	114,229,927	195,379,633	309,609,560	0	309,609,560	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,265,398	26,692,164	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,777,576	6,770,735	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,399,619	39,158,456	4.00
5.01	01160	COMMUNICATIONS	0	1,279,802	5.01
5.02	01140	MGMT INFO SYSTEMS	14,064,494	14,943,393	5.02
5.03	00550	PURCHASING	1,158,356	1,481,995	5.03
5.04	00570	ADMINISTRATIVE	0	4,805	5.04
5.05	00580	PATIENT ACCOUNTING	3,794,040	5,537,931	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-42,860,700	18,732,244	5.06
7.00	00700	OPERATION OF PLANT	-151,864	10,527,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,024,086	8.00
9.00	00900	HOUSEKEEPING	-132,639	2,971,607	9.00
10.00	01000	DIETARY	-367,644	1,097,442	10.00
11.00	01100	CAFETERIA	-1,315,875	1,010,575	11.00
13.00	01300	NURSING ADMINISTRATION	-497,130	2,925,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-142,652	414,157	14.00
15.00	01500	PHARMACY	371,214	3,327,387	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,691,592	1,756,191	16.00
17.00	01700	SOCIAL SERVICE	0	660,170	17.00
20.00	02000	NURSING SCHOOL	-2,070,624	498,746	20.00
23.00	02301	PHARMACY RESIDENCY	-73,085	278,296	23.00
23.01	02300	EMS EDUCATION	0	295,639	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-71,250	16,501,339	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,633,716	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-617,000	1,946,376	35.00
41.00	04100	SUBPROVIDER - IRF	-112,594	1,400,578	41.00
43.00	04300	NURSERY	0	535,254	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-521,598	7,058,433	50.00
51.00	05100	RECOVERY ROOM	0	651,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,489,023	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-94,949	8,109,468	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	662,368	55.00
56.00	05600	RADIOISOTOPE	-2,175	400,562	56.00
56.01	03950	CARDIAC CATH LAB	-258,863	2,369,690	56.01
57.00	05700	CT SCAN	0	918,830	57.00
58.00	05800	MRI	0	362,371	58.00
60.00	06000	LABORATORY	-14,026	9,884,728	60.00
65.00	06500	RESPIRATORY THERAPY	-5,750	2,318,403	65.00
66.00	06600	PHYSICAL THERAPY	-206,005	3,877,302	66.00
67.00	06700	OCCUPATIONAL THERAPY	-41,672	1,368,989	67.00
68.00	06800	SPEECH PATHOLOGY	0	470,683	68.00
69.00	06900	ELECTROCARDIOLOGY	-713,567	1,856,289	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	788,433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,342,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,100,155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,209,365	73.00
73.01	07301	DIABETES CENTER	-1,211	354,504	73.01
74.00	07400	RENAL DIALYSIS	0	813,185	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	63,356	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-21,778	820,257	90.00
91.00	09100	EMERGENCY	-865,481	7,403,749	91.00
91.01	04950	WOUND CARE	-20,186	1,460,894	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,051,239	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	2,820,428	95.00
101.00	10100	HOME HEALTH AGENCY	-596	7,209,996	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	59,591	0	113.00
116.00	11600	HOSPICE	-305	4,095,653	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,599,339	276,738,188	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	78,816	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,153,090	192.00
194.00	07950	MOB	0	9,825	194.00
194.01	07951	LIFELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	30,302	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,599,339	292,010,221	200.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:
5/30/2019 2:39 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,702,174	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
	0		0	1,702,174	
B - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	543,603	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
	0		0	543,603	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,342,632	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,100,155	2.00
3.00	HYPERBARIC OXYGEN THERAPY	76.98	0	435	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
	0		0	31,443,222	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,209,365	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
			0	8,209,365	
E - LDRP					
1.00	NURSERY	43.00	526,825	8,429	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,434,079	54,944	2.00
			3,960,904	63,373	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,428,000	898,450	1.00
			1,428,000	898,450	
G - CAPITAL EXP (INT & DEP)					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	22,729	1.00
			0	22,729	
H - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,641,684	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,426,827	2.00
			0	10,068,511	
I - NURSING SCHOOL					
1.00	NURSING SCHOOL	20.00	96,956		1.00
2.00	NURSING SCHOOL	20.00	77,491	122,510	2.00
3.00		0.00	0	0	3.00
			174,447	122,510	
J - PARAMED PROGRAM					
1.00	PHARMACY RESIDENCY	23.00	75,317	96,750	1.00
2.00	EMS EDUCATION	23.01	153,700		2.00
3.00		0.00	0	0	3.00
			229,017	96,750	
K - FSEH SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	202,727	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,639,991	2.00
3.00	NURSING ADMINISTRATION	13.00	0	359,305	3.00
			0	2,202,023	
500.00	Grand Total: Increases		5,792,368	55,372,710	500.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6
Date/Time Prepared:
5/30/2019 2:39 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - RENTALS						
1.00	DIETARY	10.00	0	50,080	10	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	268,237	0	2.00
3.00	OPERATING ROOM	50.00	0	124,430	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	747,505	0	4.00
5.00	LABORATORY	60.00	0	8,471	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	118,826	0	6.00
7.00	EMERGENCY	91.00	0	140,315	0	7.00
8.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	219,668	0	8.00
9.00	AMBULANCE SERVICES	95.00	0	24,642	0	9.00
	O		0	1,702,174		
B - EQUIPMENT RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	185	10	1.00
2.00	OPERATION OF PLANT	7.00	0	3,824	0	2.00
3.00	HOUSEKEEPING	9.00	0	1,969	0	3.00
4.00	DIETARY	10.00	0	2,046	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,794	0	5.00
6.00	PHARMACY	15.00	0	390,393	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	17,783	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	2,860	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	315	0	9.00
10.00	OPERATING ROOM	50.00	0	10,000	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	70	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,235	0	12.00
13.00	RADIOISOTOPE	56.00	0	10,500	0	13.00
14.00	CT SCAN	57.00	0	5,050	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	68,652	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	325	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	602	0	17.00
	O		0	543,603		
C - MEDICAL SUPPLIES						
1.00	OPERATION OF PLANT	7.00	0	1,945	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	10,422	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	917,668	0	3.00
4.00	PHARMACY	15.00	0	426,520	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,066,125	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	228,905	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	72,204	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	45,477	0	8.00
9.00	OPERATING ROOM	50.00	0	21,762,499	0	9.00
10.00	RECOVERY ROOM	51.00	0	35,990	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	890,609	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,880	0	12.00
13.00	RADIOISOTOPE	56.00	0	28,352	0	13.00
14.00	CARDIAC CATH LAB	56.01	0	3,378,840	0	14.00
15.00	CT SCAN	57.00	0	151,129	0	15.00
16.00	MRI	58.00	0	15,396	0	16.00
17.00	LABORATORY	60.00	0	83,799	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	442,283	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	137,882	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	31,969	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	2,560	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	14,209	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	48,353	0	23.00
24.00	DIABETES CENTER	73.01	0	1,091	0	24.00
25.00	RENAL DIALYSIS	74.00	0	15,727	0	25.00
26.00	CLINIC	90.00	0	41,139	0	26.00
27.00	EMERGENCY	91.00	0	930,148	0	27.00
28.00	WOUND CARE	91.01	0	452,514	0	28.00
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	73,741	0	29.00
30.00	AMBULANCE SERVICES	95.00	0	120,846	0	30.00
	O		0	31,443,222		
D - DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	742	0	1.00
2.00	PHARMACY	15.00	0	7,631,498	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	15,477	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	17,922	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	399	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	554	0	6.00
7.00	OPERATING ROOM	50.00	0	93,438	0	7.00
8.00	RECOVERY ROOM	51.00	0	478	0	8.00

		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,708	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	66	0		10.00
11.00	CARDIAC CATH LAB	56.01	0	1,233	0		11.00
12.00	CT SCAN	57.00	0	70,661	0		12.00
13.00	MRI	58.00	0	41,811	0		13.00
14.00	LABORATORY	60.00	0	35	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	692	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	472	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	74	0		17.00
18.00	SPEECH PATHOLOGY	68.00	0	10	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	1,674	0		19.00
20.00	RENAL DIALYSIS	74.00	0	1,830	0		20.00
21.00	CLINIC	90.00	0	231,722	0		21.00
22.00	EMERGENCY	91.00	0	18,109	0		22.00
23.00	WOUND CARE	91.01	0	1,884	0		23.00
24.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	292	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	24,584	0		25.00
	O		0	8,209,365			
E - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	3,960,904	63,373	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		3,960,904	63,373			
F - CAFETERIA							
1.00	DIETARY	10.00	1,428,000	898,450	0		1.00
	O		1,428,000	898,450			
G - CAPITAL EXP (INT & DEP)							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,729	9		1.00
	O		0	22,729			
H - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	10,068,511	11		1.00
2.00	O	0.00	0	0	11		2.00
	O		0	10,068,511			
I - NURSING SCHOOL							
1.00	ADULTS & PEDIATRICS	30.00	96,956		0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	36,323	4,187	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	41,168	118,323	0		3.00
	O		174,447	122,510			
J - PARAMED PROGRAM							
1.00	PHARMACY	15.00	75,317	96,750	0		1.00
2.00	EMERGENCY	91.00	84,699		0		2.00
3.00	AMBULANCE SERVICES	95.00	69,001		0		3.00
	O		229,017	96,750			
K - FSEH SHARED SERVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	379,519	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,463,199	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	359,305	0		3.00
	O		0	2,202,023			
500.00	Grand Total: Decreases		5,792,368	55,372,710			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,785,293	0	0	0	0	1.00
2.00	Land Improvements	3,246,587	0	0	0	0	2.00
3.00	Buildings and Fixtures	302,512,756	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	77,253,643	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)	395,798,279	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	395,798,279	0	0	0	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,785,293	0				1.00
2.00	Land Improvements	3,246,587	0				2.00
3.00	Buildings and Fixtures	302,512,756	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	77,253,643	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	395,798,279	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	395,798,279	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	17,082,908	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,082,908	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	17,082,908				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	17,082,908				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	302,512,756	0	302,512,756	0.796576	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	77,253,643	0	77,253,643	0.203424	0	2.00
3.00	Total (sum of lines 1-2)	379,766,399	0	379,766,399	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	19,830,101	1,702,174	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,178,352	543,603	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,008,453	2,245,777	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	5,159,889	0	0	0	26,692,164	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,048,780	0	0	0	6,770,735	2.00
3.00	Total (sum of lines 1-2)	9,208,669	0	0	0	33,462,899	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-481,795	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-378,047	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,250,688			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	-985,012			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,315,875	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	B	-3,896	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-2,062,747	NURSING SCHOOL	20.00	0	19.00
20.00 Vending machines	B	-23,292	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
33.00 RECRUITMENT	A	-26,250	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

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
33.01 RECRUITMENT	A	755	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.01
34.00 HAF	A	-14,878,964	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.00
35.00 ADVERTISING	A	-2,984	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 35.00
35.01 ADVERTISING	A	-7,877	NURSING SCHOOL	20.00		0 35.01
35.02 ADVERTISING	A	-71,019	ELECTROCARDIOLOGY	69.00		0 35.02
35.03 ADVERTISING	A	-388	CLINIC	90.00		0 35.03
36.00 ATHLETIC TRAINING	B	-182,786	PHYSICAL THERAPY	66.00		0 36.00
37.00 BLDG RENT	B	-482,150	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 37.00
38.00 DISCOUNTS / REBATES	B	-21,394	MGMT INFO SYSTEMS	5.02		0 38.00
38.01 DISCOUNTS / REBATES	B	-20,904	PURCHASING	5.03		0 38.01
38.02 DISCOUNTS / REBATES	B	-165,149	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 38.02
38.03 DISCOUNTS / REBATES	B	-153,857	DIETARY	10.00		0 38.03
38.04 DISCOUNTS / REBATES	B	-142,652	CENTRAL SERVICES & SUPPLY	14.00		0 38.04
38.05 DISCOUNTS / REBATES	B	-521,598	OPERATING ROOM	50.00		0 38.05
38.06 DISCOUNTS / REBATES	B	-63,952	RADIOLOGY-DIAGNOSTIC	54.00		0 38.06
38.07 DISCOUNTS / REBATES	B	-14,026	LABORATORY	60.00		0 38.07
38.08 DISCOUNTS / REBATES	B	-5,750	RESPIRATORY THERAPY	65.00		0 38.08
39.00 EDUCATION	B	-76,690	PHARMACY RESIDENCY	23.00		0 39.00
40.00 FOOD SERVICE DAY CARE	B	-176,048	DIETARY	10.00		0 40.00
41.00 MARKETING	A	-987	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 41.00
41.01 MARKETING	A	-31	SUBPROVIDER - IRF	41.00		0 41.01
41.02 MARKETING	A	-23,219	PHYSICAL THERAPY	66.00		0 41.02
41.03 MARKETING	A	-2,050	ELECTROCARDIOLOGY	69.00		0 41.03
41.04 MARKETING	A	-1,211	DIABETES CENTER	73.01		0 41.04
41.05 MARKETING	A	-2,881	WOUND CARE	91.01		0 41.05
41.06 MARKETING	A	-596	HOME HEALTH AGENCY	101.00		0 41.06
41.07 MARKETING	A	-305	HOSPICE	116.00		0 41.07
42.00 MISCELLANEOUS REVENUE	B	-8,804	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 42.00
42.01 MISCELLANEOUS REVENUE	B	-193,832	OTHER ADMINISTRATIVE AND GENERAL	5.06		9 42.01
42.02 MISCELLANEOUS REVENUE	B	-132,639	HOUSEKEEPING	9.00		0 42.02
42.03 MISCELLANEOUS REVENUE	B	-41,672	OCCUPATIONAL THERAPY	67.00		0 42.03
42.04 MISCELLANEOUS REVENUE	B	-21,390	CLINIC	90.00		0 42.04
42.05 MISCELLANEOUS REVENUE	B	-2,305	WOUND CARE	91.01		0 42.05
42.06 MISCELLANEOUS REVENUE	B	-49,955	OPERATION OF PLANT	7.00		0 42.06
42.07 MISCELLANEOUS REVENUE	B	-14,447	DIETARY	10.00		0 42.07
42.08 MISCELLANEOUS REVENUE	B	-247,571	PHARMACY	15.00		0 42.08
42.09 MISCELLANEOUS REVENUE	B	-258,863	CARDIAC CATH LAB	56.01		0 42.09
43.00 MAINTENANCE REVENUE	B	-101,909	OPERATION OF PLANT	7.00		0 43.00
44.00 PENSION	A	9,020,363	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,599,339				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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2019 2:39 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	FRANCSAN DEPRECIATION	2,747,193	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	FRANCSAN DEPRECIATION	2,155,623	0
3.00	113.00	INTEREST EXPENSE	FRANCSAN INTEREST	10,068,511	0
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	FRANCSAN A&G	9,451,665	0
3.02	15.00	PHARMACY	EDUCATION	0	63,759
3.03	91.00	EMERGENCY	EDUCATION	0	41,207
3.04	15.00	PHARMACY	EDUCATION	0	11,966
3.05	23.00	PHARMACY RESIDENCY	EDUCATION	3,605	0
4.00	15.00	PHARMACY	FRANCSAN COEP	694,510	0
4.01	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	14,085,888	0
4.02	5.03	PURCHASING	PURCHASING SERVICES	1,179,260	0
4.03	5.05	PATIENT ACCOUNTING	PATIENT ACCT	3,794,040	0
4.04	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,695,488	0
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATION	0	34,336,393
4.06	113.00	INTEREST EXPENSE	INTEREST EXPENSE	0	10,008,920
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH SHARED SERVICES	0	582,706
4.08	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH SHARED SERVICES	0	1,318,714
4.09	13.00	NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	497,130
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			45,875,783	46,860,795

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

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

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

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

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

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

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

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

Provider CCN: 15-0109

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 2:39 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,747,193	9	1.00
2.00	2,155,623	9	2.00
3.00	10,068,511	0	3.00
3.01	9,451,665	0	3.01
3.02	-63,759	0	3.02
3.03	-41,207	0	3.03
3.04	-11,966	0	3.04
3.05	3,605	0	3.05
4.00	694,510	0	4.00
4.01	14,085,888	0	4.01
4.02	1,179,260	0	4.02
4.03	3,794,040	0	4.03
4.04	1,695,488	0	4.04
4.05	-34,336,393	0	4.05
4.06	-10,008,920	0	4.06
4.07	-582,706	0	4.07
4.08	-1,318,714	0	4.08
4.09	-497,130	0	4.09
5.00	-985,012	0	5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE	6.00
7.00	SISTER FACILITY	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2019 2:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	936,931	936,931	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	71,250	71,250	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	617,000	617,000	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	112,563	112,563	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	30,997	30,997	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	2,175	2,175	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	640,498	640,498	0	0	0	7.00
8.00	91.00	EMERGENCY	824,274	824,274	0	0	0	8.00
9.00	91.01	WOUND CARE	15,000	15,000	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,250,688	3,250,688	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	91.01	WOUND CARE	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	936,931		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	71,250		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	617,000		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	112,563		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	30,997		5.00
6.00	56.00	RADIOISOTOPE	0	0	0	2,175		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	640,498		7.00
8.00	91.00	EMERGENCY	0	0	0	824,274		8.00
9.00	91.01	WOUND CARE	0	0	0	15,000		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	3,250,688		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	26,692,164	26,692,164			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,770,735		6,770,735		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	39,158,456	254,278	77,200	39,489,934	4.00
5.01 01160	COMMUNICATIONS	1,279,802	35,874	10,892	179,177	1,505,745 5.01
5.02 01140	MGMT INFO SYSTEMS	14,943,393	482,605	146,522	1,552	49,124 5.02
5.03 00550	PURCHASING	1,481,995	594,903	180,616	0	29,901 5.03
5.04 00570	ADMINISTRATIVE	4,805	79,488	24,133	0	0 5.04
5.05 00580	PATIENT ACCOUNTING	5,537,931	135,455	41,125	0	29,901 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	18,732,244	1,966,751	597,117	7,777,641	155,914 5.06
7.00 00700	OPERATION OF PLANT	10,527,803	3,589,326	1,089,742	1,131,540	117,469 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,024,086	142,405	43,235	46,587	2,136 8.00
9.00 00900	HOUSEKEEPING	2,971,607	422,511	128,277	736,318	19,222 9.00
10.00 01000	DIETARY	1,097,442	672,752	204,251	316,997	64,074 10.00
11.00 01100	CAFETERIA	1,010,575	500,512	151,958	501,184	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,925,301	131,297	39,862	1,145,856	19,222 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	414,157	335,951	101,997	129,478	8,543 14.00
15.00 01500	PHARMACY	3,327,387	250,939	76,187	982,039	49,124 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,756,191	137,640	41,788	6,666	36,309 16.00
17.00 01700	SOCIAL SERVICE	660,170	19,060	5,787	230,489	19,222 17.00
20.00 02000	NURSING SCHOOL	498,746	958,139	290,897	749,594	0 20.00
23.00 02301	PHARMACY RESIDENCY	278,296	0	0	83,426	0 23.00
23.01 02300	EMS EDUCATION	295,639	116,729	35,439	96,925	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,501,339	3,205,755	973,286	5,247,778	245,619 30.00
31.00 03100	INTENSIVE CARE UNIT	3,633,716	348,182	105,710	1,199,117	46,988 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,946,376	243,594	73,957	635,038	36,309 35.00
41.00 04100	SUBPROVIDER - IIRF	1,400,578	465,791	141,417	471,170	51,259 41.00
43.00 04300	NURSERY	535,254	0	0	184,899	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,058,433	998,323	303,097	1,378,672	51,259 50.00
51.00 05100	RECOVERY ROOM	651,015	82,493	25,045	227,166	17,086 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,489,023	0	0	1,205,255	55,531 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,109,468	863,081	262,036	1,208,796	128,149 54.00
55.00 03630	RADIOLOGY-THERAPEUTIC	662,368	44,798	13,601	124,090	0 55.00
56.00 05600	RADIOISOTOPE	400,562	10,623	3,225	119,772	0 56.00
56.01 03950	CARDIAC CATH LAB	2,369,690	263,747	80,075	449,865	0 56.01
57.00 05700	CT SCAN	918,830	127,442	38,692	251,457	0 57.00
58.00 05800	MRI	362,371	41,338	12,550	81,979	0 58.00
60.00 06000	LABORATORY	9,884,728	531,804	161,459	0	93,976 60.00
65.00 06500	RESPIRATORY THERAPY	2,318,403	19,182	5,824	751,053	72,617 65.00
66.00 06600	PHYSICAL THERAPY	3,877,302	375,589	114,031	1,333,234	12,815 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,368,989	170,358	51,722	482,883	0 67.00
68.00 06800	SPEECH PATHOLOGY	470,683	90,779	27,561	162,832	0 68.00
69.00 06900	ELECTROCARDIOLOGY	1,856,289	362,599	110,087	564,389	12,815 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	788,433	245,567	74,556	241,599	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,342,632	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,100,155	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,209,365	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	354,504	0	0	121,257	12,815 73.01
74.00 07400	RENAL DIALYSIS	813,185	92,448	28,068	52,528	0 74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	63,356	166,928	50,680	122	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	820,257	0	0	153,393	68,346 90.00
91.00 09100	EMERGENCY	7,403,749	1,036,413	314,661	2,412,317	0 91.00
91.01 04950	WOUND CARE	1,460,894	497,204	150,954	506,272	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	2,051,239	242,502	73,625	637,114	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,820,428	242,228	73,542	758,324	0 95.00
101.00 10100	HOME HEALTH AGENCY	7,209,996	0	0	1,158,211	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	4,095,653	115,636	35,108	657,362	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	276,738,188	21,711,019	6,591,594	36,893,413	1,505,745 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,816	83,616	25,386	16,468	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	15,153,090	506,431	153,755	2,580,053	0 192.00
194.00 07950	MOB	9,825	0	0	0	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.01 07951 LIFELINE	0	0	0	0	0	194.01
194.02 07952 PATIENT TRANSPORT	30,302	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	4,391,098	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	292,010,221	26,692,164	6,770,735	39,489,934	1,505,745	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140	15,623,196					5.02
5.03	00550	0	2,287,415				5.03
5.04	00570	0	0	108,426			5.04
5.05	00580	0	0	0	5,744,412		5.05
5.06	00560	1,012,676	0	0	0	30,242,343	5.06
7.00	00700	660,233	771	0	0	17,116,884	7.00
8.00	00800	44,478	158	0	0	1,303,085	8.00
9.00	00900	707,895	2,658	0	0	4,988,488	9.00
10.00	01000	290,986	2,572	0	0	2,649,074	10.00
11.00	01100	460,065	0	0	0	2,624,294	11.00
13.00	01300	372,410	0	0	0	4,633,948	13.00
14.00	01400	100,613	154	0	0	1,090,893	14.00
15.00	01500	386,744	79	0	0	5,072,499	15.00
16.00	01600	4,009	1	0	0	1,982,604	16.00
17.00	01700	125,288	0	0	0	1,060,016	17.00
20.00	02000	311,583	478	0	0	2,809,437	20.00
23.00	02301	38,728	0	0	0	400,450	23.00
23.01	02300	54,845	0	0	0	599,577	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,555,877	2,886	5,310	280,760	29,018,610	30.00
31.00	03100	620,807	479	1,419	75,044	6,031,462	31.00
35.00	02060	296,297	1,070	1,386	73,270	3,307,297	35.00
41.00	04100	215,476	73	527	27,868	2,774,159	41.00
43.00	04300	82,254	0	324	17,130	819,861	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	646,999	68,152	14,032	753,724	11,272,691	50.00
51.00	05100	86,729	1	1,193	63,066	1,153,794	51.00
52.00	05200	536,172	0	1,948	103,000	5,390,929	52.00
54.00	05400	627,249	86,217	7,352	388,713	11,681,061	54.00
55.00	03630	52,010	0	1,002	52,955	950,824	55.00
56.00	05600	42,748	24	0	0	576,954	56.00
56.01	03950	175,960	73,775	3,809	201,396	3,618,317	56.01
57.00	05700	108,415	822	6,225	329,118	1,781,001	57.00
58.00	05800	28,345	24	1,224	64,731	592,562	58.00
60.00	06000	0	47,731	11,517	608,908	11,340,123	60.00
65.00	06500	354,188	7,489	1,275	67,416	3,597,447	65.00
66.00	06600	707,673	1	1,614	85,321	6,507,580	66.00
67.00	06700	201,438	0	981	51,876	2,328,247	67.00
68.00	06800	73,082	0	272	14,373	839,582	68.00
69.00	06900	246,096	43	2,606	137,790	3,292,714	69.00
70.00	07000	105,680	0	513	27,144	1,483,492	70.00
71.00	07100	0	773,772	10,273	543,131	13,669,808	71.00
72.00	07200	0	1,197,394	8,858	468,315	20,774,722	72.00
73.00	07300	0	28	11,654	616,135	8,837,182	73.00
73.01	07301	53,761	0	3	136	542,476	73.01
74.00	07400	23,908	0	267	14,138	1,024,542	74.00
76.98	07698	100	0	39	2,066	283,291	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	110,192	3	67	3,564	1,155,822	90.00
91.00	09100	1,177,417	5,487	7,446	393,674	12,751,164	91.00
91.01	04950	218,681	11	552	29,176	2,863,744	91.01
92.00	09200					0	92.00
92.01	09201	291,769	183	1,084	57,300	3,354,816	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	545,148	1,058	1,126	59,528	4,501,382	95.00
101.00	10100	435,199	10,362	826	43,686	8,858,280	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	316,904	3,439	1,702	89,960	5,315,764	116.00
118.00		15,507,127	2,287,395	108,426	5,744,412	268,865,292	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	11,002	19	0	0	215,307	190.00
192.00	19200	105,067	1	0	0	18,498,397	192.00
194.00	07950	0	0	0	0	9,825	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	30,302	194.02
194.03	07954	0	0	0	0	4,391,098	194.03
200.00						0	200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
202.00	TOTAL (sum lines 118 through 201)	15,623,196	2,287,415	108,426	5,744,412	292,010,221	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	30,242,343					5.06
7.00	00700	OPERATION OF PLANT	1,977,531	19,094,415				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	150,547	139,062	1,592,694			8.00
9.00	00900	HOUSEKEEPING	576,325	412,592	36,834	6,014,239		9.00
10.00	01000	DIETARY	306,050	656,957	44,733	277,178	3,933,992	10.00
11.00	01100	CAFETERIA	303,187	488,761	0	206,214	0	11.00
13.00	01300	NURSING ADMINISTRATION	535,365	128,214	0	54,095	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	126,032	328,064	40,366	138,414	0	14.00
15.00	01500	PHARMACY	586,031	245,048	0	103,388	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	229,052	134,409	0	56,708	0	16.00
17.00	01700	SOCIAL SERVICE	122,465	18,613	0	7,853	0	17.00
20.00	02000	NURSING SCHOOL	324,577	935,644	0	394,759	0	20.00
23.00	02301	PHARMACY RESIDENCY	46,264	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	69,270	113,988	0	48,093	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,352,587	3,130,491	562,246	1,320,789	3,240,112	30.00
31.00	03100	INTENSIVE CARE UNIT	696,821	340,008	85,651	143,453	370,389	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	382,095	237,875	35,701	100,362	0	35.00
41.00	04100	SUBPROVIDER - IRF	320,501	454,855	30,236	191,909	323,491	41.00
43.00	04300	NURSERY	94,719	0	58,673	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,302,345	974,885	279,328	411,315	0	50.00
51.00	05100	RECOVERY ROOM	133,299	80,556	51,366	33,988	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	622,819	0	62,731	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,349,525	842,818	98,014	355,594	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	109,850	43,746	0	18,457	0	55.00
56.00	05600	RADIOISOTOPE	66,656	10,373	0	4,377	0	56.00
56.01	03950	CARDIAC CATH LAB	418,028	257,555	6,476	108,665	0	56.01
57.00	05700	CT SCAN	205,761	124,450	0	52,507	0	57.00
58.00	05800	MRI	68,459	40,367	0	17,031	0	58.00
60.00	06000	LABORATORY	1,310,136	519,318	10,155	219,106	0	60.00
65.00	06500	RESPIRATORY THERAPY	415,617	18,731	11,891	7,903	0	65.00
66.00	06600	PHYSICAL THERAPY	751,827	366,771	22,129	154,745	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	268,985	166,358	0	70,188	0	67.00
68.00	06800	SPEECH PATHOLOGY	96,998	88,647	0	37,401	0	68.00
69.00	06900	ELECTROCARDIOLOGY	380,411	354,086	9,018	149,393	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,389	239,802	0	101,175	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,579,287	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,400,124	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,020,968	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	62,673	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	118,366	90,278	0	38,089	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	32,729	163,009	0	68,775	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	133,533	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,473,155	1,012,081	147,146	427,008	0	91.00
91.01	04950	WOUND CARE	330,851	485,531	0	204,851	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	387,585	236,808	0	99,912	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	520,049	236,541	0	99,799	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,023,406	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	614,136	112,921	0	47,643	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,568,386	14,230,213	1,592,694	5,771,137	3,933,992	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,875	81,653	0	34,450	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,137,138	494,541	0	208,652	0	192.00
194.00	07950	MOB	1,135	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	3,501	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	507,308	4,288,008	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	30,242,343	19,094,415	1,592,694	6,014,239	3,933,992	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,622,456					11.00
13.00	01300	108,384	5,460,006				13.00
14.00	01400	29,282	0	1,753,051			14.00
15.00	01500	112,556	0	61	6,119,583		15.00
16.00	01600	1,167	0	0	0	2,403,940	16.00
17.00	01700	36,463	0	0	0	0	17.00
20.00	02000	90,681	0	367	0	0	20.00
23.00	02301	11,271	0	0	0	0	23.00
23.01	02300	15,962	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	743,842	1,435,929	2,218	0	117,526	30.00
31.00	03100	180,676	348,779	368	0	31,413	31.00
35.00	02060	86,232	166,464	823	0	30,671	35.00
41.00	04100	62,711	121,058	56	0	11,666	41.00
43.00	04300	23,939	46,212	0	0	7,171	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	188,299	363,495	52,375	0	314,841	50.00
51.00	05100	25,241	48,726	1	0	26,399	51.00
52.00	05200	156,044	301,230	0	0	43,116	52.00
54.00	05400	182,551	0	66,258	0	162,715	54.00
55.00	03630	15,137	0	0	0	22,167	55.00
56.00	05600	12,441	24,017	18	0	0	56.00
56.01	03950	51,210	98,857	56,696	0	84,304	56.01
57.00	05700	31,552	0	632	0	137,769	57.00
58.00	05800	8,249	0	18	0	27,096	58.00
60.00	06000	0	0	36,681	0	254,888	60.00
65.00	06500	103,081	198,989	5,755	0	28,220	65.00
66.00	06600	205,957	397,582	0	0	35,715	66.00
67.00	06700	58,625	113,171	0	0	21,715	67.00
68.00	06800	21,269	41,059	0	0	6,017	68.00
69.00	06900	71,622	138,261	33	0	57,679	69.00
70.00	07000	30,757	59,373	0	0	11,362	70.00
71.00	07100	0	0	594,643	0	227,354	71.00
72.00	07200	0	0	920,225	0	196,037	72.00
73.00	07300	0	0	21	6,119,583	257,914	73.00
73.01	07301	15,646	30,204	0	0	57	73.01
74.00	07400	6,958	13,432	0	0	5,918	74.00
76.98	07698	29	0	0	0	865	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	32,070	0	2	0	1,492	90.00
91.00	09100	342,668	661,492	4,217	0	164,792	91.00
91.01	04950	63,644	122,859	8	0	12,213	91.01
92.00	09200						92.00
92.01	09201	84,915	0	140	0	23,986	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	158,657	306,273	813	0	24,918	95.00
101.00	10100	126,658	244,502	7,963	0	18,287	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	92,230	178,042	2,643	0	37,657	116.00
118.00							118.00
		3,588,676	5,460,006	1,753,035	6,119,583	2,403,940	
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,202	0	15	0	0	190.00
192.00	19200	30,578	0	1	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07954	0	0	0	0	0	194.03
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,622,456	5,460,006	1,753,051	6,119,583	2,403,940	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 2:39 pm		
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal		
		17.00	20.00	23.00	23.01	24.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.01	01160						5.01	
5.02	01140						5.02	
5.03	00550						5.03	
5.04	00570						5.04	
5.05	00580						5.05	
5.06	00560						5.06	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000						10.00	
11.00	01100						11.00	
13.00	01300						13.00	
14.00	01400						14.00	
15.00	01500						15.00	
16.00	01600						16.00	
17.00	01700	1,245,410					17.00	
20.00	02000	0	4,555,465				20.00	
23.00	02301	0		457,985			23.00	
23.01	02300	0			846,890		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	879,538	4,555,465	0	0	48,359,353	30.00	
31.00	03100	122,285	0	0	0	8,351,305	31.00	
35.00	02060	71,943	0	0	0	4,419,463	35.00	
41.00	04100	77,686	0	0	0	4,368,328	41.00	
43.00	04300	93,958	0	0	0	1,144,533	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	0	0	0	15,159,574	50.00	
51.00	05100	0	0	0	0	1,553,370	51.00	
52.00	05200	0	0	0	0	6,576,869	52.00	
54.00	05400	0	0	0	0	14,738,536	54.00	
55.00	03630	0	0	0	0	1,160,181	55.00	
56.00	05600	0	0	0	0	694,836	56.00	
56.01	03950	0	0	0	0	4,700,108	56.01	
57.00	05700	0	0	0	0	2,333,672	57.00	
58.00	05800	0	0	0	0	753,782	58.00	
60.00	06000	0	0	0	0	13,690,407	60.00	
65.00	06500	0	0	0	0	4,387,634	65.00	
66.00	06600	0	0	0	0	8,442,306	66.00	
67.00	06700	0	0	0	0	3,027,289	67.00	
68.00	06800	0	0	0	0	1,130,973	68.00	
69.00	06900	0	0	0	0	4,453,217	69.00	
70.00	07000	0	0	0	0	2,097,350	70.00	
71.00	07100	0	0	0	0	16,071,092	71.00	
72.00	07200	0	0	0	0	24,291,108	72.00	
73.00	07300	0	0	457,985	0	16,693,653	73.00	
73.01	07301	0	0	0	0	651,056	73.01	
74.00	07400	0	0	0	0	1,297,583	74.00	
76.98	07698	0	0	0	0	548,698	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	1,322,919	90.00	
91.00	09100	0	0	0	846,890	17,830,613	91.00	
91.01	04950	0	0	0	0	4,083,701	91.01	
92.00	09200	0	0	0	0	0	92.00	
92.01	09201	0	0	0	0	4,188,162	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	0	0	0	0	5,848,432	95.00	
101.00	10100	0	0	0	0	10,279,096	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
116.00	11600	0	0	0	0	6,401,036	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,245,410	4,555,465	457,985	846,890	261,050,235	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	359,502	190.00	
192.00	19200	0	0	0	0	21,369,307	192.00	
194.00	07950	0	0	0	0	10,960	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	0	0	0	33,803	194.02	
194.03	07954	0	0	0	0	9,186,414	194.03	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0109			Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		SOCI AL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
202.00	TOTAL (sum lines 118 through 201)	1,245,410	4,555,465	457,985	846,890	292,010,221	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING SCHOOL		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	48,359,353
31.00	03100	INTENSIVE CARE UNIT	0	8,351,305
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	4,419,463
41.00	04100	SUBPROVIDER - I RF	0	4,368,328
43.00	04300	NURSERY	0	1,144,533
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	15,159,574
51.00	05100	RECOVERY ROOM	0	1,553,370
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,576,869
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,738,536
55.00	03630	RADIOLOGY-THERAPEUTIC	0	1,160,181
56.00	05600	RADIOISOTOPE	0	694,836
56.01	03950	CARDIAC CATH LAB	0	4,700,108
57.00	05700	CT SCAN	0	2,333,672
58.00	05800	MRI	0	753,782
60.00	06000	LABORATORY	0	13,690,407
65.00	06500	RESPIRATORY THERAPY	0	4,387,634
66.00	06600	PHYSICAL THERAPY	0	8,442,306
67.00	06700	OCCUPATIONAL THERAPY	0	3,027,289
68.00	06800	SPEECH PATHOLOGY	0	1,130,973
69.00	06900	ELECTROCARDIOLOGY	0	4,453,217
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,097,350
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,071,092
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,291,108
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,693,653
73.01	07301	DIABETES CENTER	0	651,056
74.00	07400	RENAL DIALYSIS	0	1,297,583
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	548,698
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	1,322,919
91.00	09100	EMERGENCY	0	17,830,613
91.01	04950	WOUND CARE	0	4,083,701
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4,188,162
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	5,848,432
101.00	10100	HOME HEALTH AGENCY	0	10,279,096
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	6,401,036
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	261,050,235
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	359,502
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,369,307
194.00	07950	MOB	0	10,960
194.01	07951	LIFELINE	0	0
194.02	07952	PATIENT TRANSPORT	0	33,803

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	9,186,414	194.03
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	292,010,221	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			Directly Assigned New Capital Related Costs	BLDG & FIXT				MVBLE EQUIP
			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	254,278	77,200	331,478	331,478	4.00
5.01	01160	COMMUNICATIONS	0	35,874	10,892	46,766	1,504	5.01
5.02	01140	MGMT INFO SYSTEMS	0	482,605	146,522	629,127	13	5.02
5.03	00550	PURCHASING	0	594,903	180,616	775,519	0	5.03
5.04	00570	ADMINISTRATIVE	0	79,488	24,133	103,621	0	5.04
5.05	00580	PATIENT ACCOUNTING	0	135,455	41,125	176,580	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,966,751	597,117	2,563,868	65,287	5.06
7.00	00700	OPERATION OF PLANT	0	3,589,326	1,089,742	4,679,068	9,498	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	142,405	43,235	185,640	391	8.00
9.00	00900	HOUSEKEEPING	0	422,511	128,277	550,788	6,181	9.00
10.00	01000	DIETARY	0	672,752	204,251	877,003	2,661	10.00
11.00	01100	CAFETERIA	0	500,512	151,958	652,470	4,207	11.00
13.00	01300	NURSING ADMINISTRATION	0	131,297	39,862	171,159	9,618	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	335,951	101,997	437,948	1,087	14.00
15.00	01500	PHARMACY	0	250,939	76,187	327,126	8,243	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	137,640	41,788	179,428	56	16.00
17.00	01700	SOCIAL SERVICE	0	19,060	5,787	24,847	1,935	17.00
20.00	02000	NURSING SCHOOL	0	958,139	290,897	1,249,036	6,292	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	700	23.00
23.01	02300	EMS EDUCATION	0	116,729	35,439	152,168	814	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,205,755	973,286	4,179,041	44,049	30.00
31.00	03100	INTENSIVE CARE UNIT	0	348,182	105,710	453,892	10,065	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	243,594	73,957	317,551	5,330	35.00
41.00	04100	SUBPROVIDER - IRF	0	465,791	141,417	607,208	3,955	41.00
43.00	04300	NURSERY	0	0	0	0	1,552	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	998,323	303,097	1,301,420	11,572	50.00
51.00	05100	RECOVERY ROOM	0	82,493	25,045	107,538	1,907	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	10,117	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	863,081	262,036	1,125,117	10,147	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	44,798	13,601	58,399	1,042	55.00
56.00	05600	RADIOISOTOPE	0	10,623	3,225	13,848	1,005	56.00
56.01	03950	CARDIAC CATH LAB	0	263,747	80,075	343,822	3,776	56.01
57.00	05700	CT SCAN	0	127,442	38,692	166,134	2,111	57.00
58.00	05800	MRI	0	41,338	12,550	53,888	688	58.00
60.00	06000	LABORATORY	0	531,804	161,459	693,263	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	19,182	5,824	25,006	6,304	65.00
66.00	06600	PHYSICAL THERAPY	0	375,589	114,031	489,620	11,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	170,358	51,722	222,080	4,053	67.00
68.00	06800	SPEECH PATHOLOGY	0	90,779	27,561	118,340	1,367	68.00
69.00	06900	ELECTROCARDIOLOGY	0	362,599	110,087	472,686	4,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	245,567	74,556	320,123	2,028	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
73.01	07301	DIABETES CENTER	0	0	0	0	1,018	73.01
74.00	07400	RENAL DIALYSIS	0	92,448	28,068	120,516	441	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	166,928	50,680	217,608	1	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	1,288	90.00
91.00	09100	EMERGENCY	0	1,036,413	314,661	1,351,074	20,249	91.00
91.01	04950	WOUND CARE	0	497,204	150,954	648,158	4,250	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	242,502	73,625	316,127	5,348	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	242,228	73,542	315,770	6,365	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	9,722	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	115,636	35,108	150,744	5,518	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	21,711,019	6,591,594	28,302,613	309,683	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	83,616	25,386	109,002	138	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	506,431	153,755	660,186	21,657	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02	
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	4,391,098	0	4,391,098	0	194.03	
200.00 Cross Foot Adjustments				0		200.00	
201.00 Negative Cost Centers		0	0	0		201.00	
202.00 TOTAL (sum lines 118 through 201)	0	26,692,164	6,770,735	33,462,899	331,478	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	48,270					5.01
5.02	01140	MGMT INFO SYSTEMS	1,575	630,715				5.02
5.03	00550	PURCHASING	959	0	776,478			5.03
5.04	00570	ADMINITTING	0	0	0	103,621		5.04
5.05	00580	PATIENT ACCOUNTING	959	0	0	0	177,539	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,998	40,882	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	3,766	26,654	262	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	68	1,796	54	0	0	8.00
9.00	00900	HOUSEKEEPING	616	28,578	902	0	0	9.00
10.00	01000	DIETARY	2,054	11,747	873	0	0	10.00
11.00	01100	CAFETERIA	0	18,573	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	616	15,034	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	274	4,062	52	0	0	14.00
15.00	01500	PHARMACY	1,575	15,613	27	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,164	162	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	616	5,058	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	12,579	162	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	1,563	0	0	0	23.00
23.01	02300	EMS EDUCATION	0	2,214	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,873	103,180	980	5,058	8,661	30.00
31.00	03100	INTENSIVE CARE UNIT	1,506	25,062	162	1,352	2,315	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,164	11,962	363	1,320	2,260	35.00
41.00	04100	SUBPROVIDER - IRF	1,643	8,699	25	502	860	41.00
43.00	04300	NURSERY	0	3,321	0	309	528	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,643	26,120	23,135	13,719	23,583	50.00
51.00	05100	RECOVERY ROOM	548	3,501	0	1,136	1,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,780	21,646	0	1,855	3,177	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,108	25,322	29,267	7,002	11,991	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	2,100	0	954	1,634	55.00
56.00	05600	RADIOISOTOPE	0	1,726	8	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	7,104	25,044	3,628	6,213	56.01
57.00	05700	CT SCAN	0	4,377	279	5,929	10,153	57.00
58.00	05800	MRI	0	1,144	8	1,166	1,997	58.00
60.00	06000	LABORATORY	3,013	0	16,203	10,969	18,784	60.00
65.00	06500	RESPIRATORY THERAPY	2,328	14,299	2,542	1,214	2,080	65.00
66.00	06600	PHYSICAL THERAPY	411	28,569	0	1,537	2,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,132	0	934	1,600	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,950	0	259	443	68.00
69.00	06900	ELECTROCARDIOLOGY	411	9,935	15	2,482	4,251	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,266	0	489	837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	262,664	9,784	16,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	406,462	8,436	14,447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9	11,099	19,007	73.00
73.01	07301	DIABETES CENTER	411	2,170	0	2	4	73.01
74.00	07400	RENAL DIALYSIS	0	965	0	255	436	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4	0	37	64	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,191	4,449	1	64	110	90.00
91.00	09100	EMERGENCY	0	47,533	1,863	7,092	12,144	91.00
91.01	04950	WOUND CARE	0	8,828	4	526	900	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	11,779	62	1,032	1,768	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	22,008	359	1,072	1,836	95.00
101.00	10100	HOME HEALTH AGENCY	0	17,569	3,518	787	1,348	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	12,794	1,167	1,621	2,775	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,270	626,029	776,472	103,621	177,539	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	444	6	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,242	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	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

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING		
		5.01	5.02	5.03	5.04	5.05		
202.00	TOTAL (sum lines 118 through 201)	48,270	630,715	776,478	103,621	177,539		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,675,035					5.06
7.00	00700	OPERATION OF PLANT	174,917	4,894,165				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,316	35,643	236,908			8.00
9.00	00900	HOUSEKEEPING	50,977	105,753	5,479	749,274		9.00
10.00	01000	DIETARY	27,071	168,387	6,654	34,532	1,130,982	10.00
11.00	01100	CAFETERIA	26,818	125,276	0	25,691	0	11.00
13.00	01300	NURSING ADMINISTRATION	47,354	32,863	0	6,739	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,148	84,087	6,004	17,244	0	14.00
15.00	01500	PHARMACY	51,836	62,809	0	12,880	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,260	34,451	0	7,065	0	16.00
17.00	01700	SOCIAL SERVICE	10,832	4,771	0	978	0	17.00
20.00	02000	NURSING SCHOOL	28,710	239,819	0	49,180	0	20.00
23.00	02301	PHARMACY RESIDENCY	4,092	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	6,127	29,217	0	5,992	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	296,569	802,389	83,635	164,550	931,499	30.00
31.00	03100	INTENSIVE CARE UNIT	61,636	87,149	12,740	17,872	106,483	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	33,797	60,971	5,310	12,503	0	35.00
41.00	04100	SUBPROVIDER - IIRF	28,349	116,586	4,497	23,909	93,000	41.00
43.00	04300	NURSERY	8,378	0	8,727	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	115,196	249,877	41,549	51,243	0	50.00
51.00	05100	RECOVERY ROOM	11,791	20,648	7,640	4,234	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,090	0	9,331	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,369	216,026	14,579	44,301	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	9,716	11,213	0	2,299	0	55.00
56.00	05600	RADIOISOTOPE	5,896	2,659	0	545	0	56.00
56.01	03950	CARDIAC CATH LAB	36,976	66,015	963	13,538	0	56.01
57.00	05700	CT SCAN	18,200	31,898	0	6,541	0	57.00
58.00	05800	MRI	6,055	10,347	0	2,122	0	58.00
60.00	06000	LABORATORY	115,885	133,109	1,511	27,297	0	60.00
65.00	06500	RESPIRATORY THERAPY	36,762	4,801	1,769	985	0	65.00
66.00	06600	PHYSICAL THERAPY	66,501	94,009	3,292	19,279	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,792	42,640	0	8,744	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,580	22,722	0	4,660	0	68.00
69.00	06900	ELECTROCARDIOLOGY	33,648	90,757	1,341	18,612	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,160	61,465	0	12,605	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	139,692	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	212,297	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,307	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	5,544	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	10,470	23,139	0	4,745	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,895	41,782	0	8,568	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,811	0	0	0	0	90.00
91.00	09100	EMERGENCY	130,304	259,410	21,887	53,198	0	91.00
91.01	04950	WOUND CARE	29,265	124,448	0	25,521	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	34,283	60,697	0	12,447	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	46,000	60,629	0	12,433	0	95.00
101.00	10100	HOME HEALTH AGENCY	90,523	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	54,322	28,943	0	5,935	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,438,517	3,647,405	236,908	718,987	1,130,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,200	20,929	0	4,292	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	189,035	126,758	0	25,995	0	192.00
194.00	07950	MOB	100	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	310	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	44,873	1,099,073	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,675,035	4,894,165	236,908	749,274	1,130,982		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			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
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	853,035					11.00
13.00	01300	NURSING ADMINISTRATION	25,523	308,906				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,895	0	568,801			14.00
15.00	01500	PHARMACY	26,505	0	20	506,634		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	275	0	0	0	242,861	16.00
17.00	01700	SOCIAL SERVICE	8,587	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	21,354	0	119	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	2,654	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	3,759	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	175,165	81,238	720	0	11,885	30.00
31.00	03100	INTENSIVE CARE UNIT	42,547	19,733	119	0	3,177	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,306	9,418	267	0	3,102	35.00
41.00	04100	SUBPROVIDER - IIRF	14,767	6,849	18	0	1,180	41.00
43.00	04300	NURSERY	5,637	2,614	0	0	725	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,342	20,565	16,994	0	31,591	50.00
51.00	05100	RECOVERY ROOM	5,944	2,757	0	0	2,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,746	17,042	0	0	4,360	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,988	0	21,498	0	16,455	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	3,564	0	0	0	2,242	55.00
56.00	05600	RADIOISOTOPE	2,930	1,359	6	0	0	56.00
56.01	03950	CARDIAC CATH LAB	12,059	5,593	18,396	0	8,526	56.01
57.00	05700	CT SCAN	7,430	0	205	0	13,933	57.00
58.00	05800	MRI	1,943	0	6	0	2,740	58.00
60.00	06000	LABORATORY	0	0	11,902	0	25,777	60.00
65.00	06500	RESPIRATORY THERAPY	24,274	11,258	1,867	0	2,854	65.00
66.00	06600	PHYSICAL THERAPY	48,500	22,494	0	0	3,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,805	6,403	0	0	2,196	67.00
68.00	06800	SPEECH PATHOLOGY	5,009	2,323	0	0	608	68.00
69.00	06900	ELECTROCARDIOLOGY	16,866	7,822	11	0	5,833	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,243	3,359	0	0	1,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	192,940	0	22,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	298,578	0	19,825	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7	506,634	26,083	73.00
73.01	07301	DIABETES CENTER	3,684	1,709	0	0	6	73.01
74.00	07400	RENAL DIALYSIS	1,638	760	0	0	599	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	7	0	0	0	87	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,552	0	1	0	151	90.00
91.00	09100	EMERGENCY	80,693	37,425	1,368	0	16,665	91.00
91.01	04950	WOUND CARE	14,987	6,951	3	0	1,235	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	19,996	0	46	0	2,426	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	37,361	17,328	264	0	2,520	95.00
101.00	10100	HOME HEALTH AGENCY	29,826	13,833	2,584	0	1,849	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	21,719	10,073	857	0	3,808	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	845,080	308,906	568,796	506,634	242,861	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	754	0	5	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,201	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	853,035	308,906	568,801	506,634	242,861		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	57,624				17.00
20.00	02000	NURSING SCHOOL	0	1,607,251			20.00
23.00	02301	PHARMACY RESIDENCY	0		9,009		23.00
23.01	02300	EMS EDUCATION	0			200,291	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,696			6,937,188	30.00
31.00	03100	INTENSIVE CARE UNIT	5,658			851,468	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,329			488,953	35.00
41.00	04100	SUBPROVIDER - IRF	3,594			915,641	41.00
43.00	04300	NURSERY	4,347			36,138	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			1,972,549	50.00
51.00	05100	RECOVERY ROOM	0			172,260	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			161,144	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			1,688,170	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0			93,163	55.00
56.00	05600	RADIOISOTOPE	0			29,982	56.00
56.01	03950	CARDIAC CATH LAB	0			551,653	56.01
57.00	05700	CT SCAN	0			267,190	57.00
58.00	05800	MRI	0			82,104	58.00
60.00	06000	LABORATORY	0			1,057,713	60.00
65.00	06500	RESPIRATORY THERAPY	0			138,343	65.00
66.00	06600	PHYSICAL THERAPY	0			791,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			334,379	67.00
68.00	06800	SPEECH PATHOLOGY	0			167,261	68.00
69.00	06900	ELECTROCARDIOLOGY	0			669,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			428,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			644,827	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			960,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			653,146	73.00
73.01	07301	DIABETES CENTER	0			14,548	73.01
74.00	07400	RENAL DIALYSIS	0			163,964	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			271,053	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0			27,618	90.00
91.00	09100	EMERGENCY	0			2,040,905	91.00
91.01	04950	WOUND CARE	0			865,076	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0			466,011	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			523,945	95.00
101.00	10100	HOME HEALTH AGENCY	0			171,559	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0				113.00
116.00	11600	HOSPICE	0			300,276	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,624	0	0	24,938,050	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			137,770	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			1,035,074	192.00
194.00	07950	MOB	0			100	194.00
194.01	07951	LIFELINE	0			0	194.01
194.02	07952	PATIENT TRANSPORT	0			310	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0			5,535,044	194.03
200.00		Cross Foot Adjustments		1,607,251	9,009	200,291	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
		17.00	20.00	23.00	23.01	24.00	
202.00	TOTAL (sum lines 118 through 201)	57,624	1,607,251	9,009	200,291	33,462,899	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
20.00	02000	NURSING SCHOOL		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,937,188	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	851,468	35.00
41.00	04100	SUBPROVIDER - I RF	488,953	41.00
43.00	04300	NURSERY	915,641	43.00
			36,138	
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	1,972,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,260	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,144	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,688,170	55.00
56.00	05600	RADIOISOTOPE	93,163	56.00
56.01	03950	CARDIAC CATH LAB	29,982	56.01
57.00	05700	CT SCAN	551,653	57.00
58.00	05800	MRI	267,190	58.00
60.00	06000	LABORATORY	82,104	60.00
65.00	06500	RESPIRATORY THERAPY	1,057,713	65.00
66.00	06600	PHYSICAL THERAPY	138,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	791,647	67.00
68.00	06800	SPEECH PATHOLOGY	334,379	68.00
69.00	06900	ELECTROCARDIOLOGY	167,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	669,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	428,724	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	644,827	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	960,045	73.00
73.01	07301	DIABETES CENTER	653,146	73.01
74.00	07400	RENAL DIALYSIS	14,548	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	163,964	76.98
			271,053	
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	27,618	91.00
91.01	04950	WOUND CARE	2,040,905	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	865,076	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
			466,011	
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	523,945	101.00
			171,559	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,276	118.00
			24,938,050	
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	137,770	192.00
194.00	07950	MOB	1,035,074	194.00
194.01	07951	LIFELINE	100	194.01
194.02	07952	PATIENT TRANSPORT	0	194.02
			310	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	5,535,044				194.03
200.00		Cross Foot Adjustments	0	1,816,551				200.00
201.00		Negative Cost Centers	0	0				201.00
202.00		TOTAL (sum lines 118 through 201)	0	33,462,899				202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1
Date/Time Prepared:
5/30/2019 2: 39 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	879,460				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		734,781			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,378	8,378	112,517,002		4.00
5.01	01160	COMMUNICATIONS	1,182	1,182	510,522	705	5.01
5.02	01140	MGMT INFO SYSTEMS	15,901	15,901	4,422	23	2,953,728
5.03	00550	PURCHASING	19,601	19,601	0	14	0
5.04	00570	ADMINISTRATIVE	2,619	2,619	0	0	0
5.05	00580	PATIENT ACCOUNTING	4,463	4,463	0	14	0
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	64,801	64,801	22,160,607	73	191,457
7.00	00700	OPERATION OF PLANT	118,262	118,262	3,224,045	55	124,824
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	4,692	132,737	1	8,409
9.00	00900	HOUSEKEEPING	13,921	13,921	2,097,958	9	133,835
10.00	01000	DIETARY	22,166	22,166	903,204	30	55,014
11.00	01100	CAFETERIA	16,491	16,491	1,428,000	0	86,980
13.00	01300	NURSING ADMINISTRATION	4,326	4,326	3,264,834	9	70,408
14.00	01400	CENTRAL SERVICES & SUPPLY	11,069	11,069	368,917	4	19,022
15.00	01500	PHARMACY	8,268	8,268	2,798,078	23	73,118
16.00	01600	MEDICAL RECORDS & LIBRARY	4,535	4,535	18,993	17	758
17.00	01700	SOCIAL SERVICE	628	628	656,723	9	23,687
20.00	02000	NURSING SCHOOL	31,569	31,569	2,135,785	0	58,908
23.00	02301	PHARMACY RESIDENCY	0	0	237,701	0	7,322
23.01	02300	EMS EDUCATION	3,846	3,846	276,163	0	10,369
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	105,624	105,624	14,952,255	115	483,214
31.00	03100	INTENSIVE CARE UNIT	11,472	11,472	3,416,589	22	117,370
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,026	8,026	1,809,386	17	56,018
41.00	04100	SUBPROVIDER - IIRF	15,347	15,347	1,342,483	24	40,738
43.00	04300	NURSERY	0	0	526,825	0	15,551
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,893	32,893	3,928,188	24	122,322
51.00	05100	RECOVERY ROOM	2,718	2,718	647,254	8	16,397
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,434,079	26	101,369
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,437	28,437	3,444,167	60	118,588
55.00	03630	RADIOLOGY-THERAPEUTIC	1,476	1,476	353,563	0	9,833
56.00	05600	RADIOISOTOPE	350	350	341,262	0	8,082
56.01	03950	CARDIAC CATH LAB	8,690	8,690	1,281,781	0	33,267
57.00	05700	CT SCAN	4,199	4,199	716,465	0	20,497
58.00	05800	MRI	1,362	1,362	233,580	0	5,359
60.00	06000	LABORATORY	17,522	17,522	0	44	0
65.00	06500	RESPIRATORY THERAPY	632	632	2,139,941	34	66,963
66.00	06600	PHYSICAL THERAPY	12,375	12,375	3,798,723	6	133,793
67.00	06700	OCCUPATIONAL THERAPY	5,613	5,613	1,375,856	0	38,084
68.00	06800	SPEECH PATHOLOGY	2,991	2,991	463,949	0	13,817
69.00	06900	ELECTROCARDIOLOGY	11,947	11,947	1,608,088	6	46,527
70.00	07000	ELECTROENCEPHALOGRAPHY	8,091	8,091	688,376	0	19,980
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	DIABETES CENTER	0	0	345,492	6	10,164
74.00	07400	RENAL DIALYSIS	3,046	3,046	149,665	0	4,520
76.98	07698	HYPERBARI C OXYGEN THERAPY	5,500	5,500	347	0	19
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	437,056	32	20,833
91.00	09100	EMERGENCY	34,148	34,148	6,873,306	0	222,603
91.01	04950	WOUND CARE	16,382	16,382	1,442,498	0	41,344
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,990	7,990	1,815,299	0	55,162
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,981	7,981	2,160,658	0	103,066
101.00	10100	HOME HEALTH AGENCY	0	0	3,300,039	0	82,279
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	3,810	3,810	1,872,993	0	59,914
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	715,340	715,340	105,118,852	705	2,931,784
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,755	2,755	46,922	0	2,080
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,686	16,686	7,351,228	0	19,864
194.00	07950	MOB	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.01 07951 LIFELINE	0	0	0	0	0	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	144,679	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)	26,692,164	6,770,735	39,489,934	1,505,745	15,623,196	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	30.350629	9.214630	0.350969	2,135.808511	5.289314	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			331,478	48,270	630,715	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002946	68.468085	0.213532	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: 15-0109

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PURCHASING (COSTED REQUISITION)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING	36,487,319				5.03
5.04	00570	ADMINISTRATIVE	0	1,293,417,024			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	1,293,417,024		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-30,242,343	261,767,878
7.00	00700	OPERATION OF PLANT	12,293	0	0	0	17,116,884
8.00	00800	LAUNDRY & LINEN SERVICE	2,515	0	0	0	1,303,085
9.00	00900	HOUSEKEEPING	42,404	0	0	0	4,988,488
10.00	01000	DIETARY	41,023	0	0	0	2,649,074
11.00	01100	CAFETERIA	0	0	0	0	2,624,294
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,633,948
14.00	01400	CENTRAL SERVICES & SUPPLY	2,453	0	0	0	1,090,893
15.00	01500	PHARMACY	1,266	0	0	0	5,072,499
16.00	01600	MEDICAL RECORDS & LIBRARY	8	0	0	0	1,982,604
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,060,016
20.00	02000	NURSING SCHOOL	7,622	0	0	0	2,809,437
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	400,450
23.01	02300	EMS EDUCATION	0	0	0	0	599,577
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,040	63,219,922	63,219,922	0	29,018,610
31.00	03100	INTENSIVE CARE UNIT	7,634	16,897,974	16,897,974	0	6,031,462
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,073	16,498,498	16,498,498	0	3,307,297
41.00	04100	SUBPROVIDER - IRF	1,168	6,275,223	6,275,223	0	2,774,159
43.00	04300	NURSERY	0	3,857,265	3,857,265	0	819,861
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,087,109	169,640,798	169,640,798	0	11,272,691
51.00	05100	RECOVERY ROOM	12	14,200,859	14,200,859	0	1,153,794
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,192,941	23,192,941	0	5,390,929
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,375,272	87,528,250	87,528,250	0	11,681,061
55.00	03630	RADIOLOGY-THERAPEUTIC	0	11,924,187	11,924,187	0	950,824
56.00	05600	RADIOISOTOPE	381	0	0	0	576,954
56.01	03950	CARDIAC CATH LAB	1,176,807	45,349,322	45,349,322	0	3,618,317
57.00	05700	CT SCAN	13,113	74,109,089	74,109,089	0	1,781,001
58.00	05800	MRI	381	14,575,745	14,575,745	0	592,562
60.00	06000	LABORATORY	761,363	137,110,462	137,110,462	0	11,340,123
65.00	06500	RESPIRATORY THERAPY	119,451	15,180,277	15,180,277	0	3,597,447
66.00	06600	PHYSICAL THERAPY	9	19,212,082	19,212,082	0	6,507,580
67.00	06700	OCCUPATIONAL THERAPY	0	11,681,186	11,681,186	0	2,328,247
68.00	06800	SPEECH PATHOLOGY	0	3,236,462	3,236,462	0	839,582
69.00	06900	ELECTROCARDIOLOGY	686	31,026,877	31,026,877	0	3,292,714
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,112,153	6,112,153	0	1,483,492
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,342,632	122,299,342	122,299,342	0	13,669,808
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,100,155	105,452,664	105,452,664	0	20,774,722
73.00	07300	DRUGS CHARGED TO PATIENTS	443	138,737,933	138,737,933	0	8,837,182
73.01	07301	DIABETES CENTER	0	30,649	30,649	0	542,476
74.00	07400	RENAL DIALYSIS	0	3,183,516	3,183,516	0	1,024,542
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	465,236	465,236	0	283,291
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	50	802,559	802,559	0	1,155,822
91.00	09100	EMERGENCY	87,532	88,645,428	88,645,428	0	12,751,164
91.01	04950	WOUND CARE	169	6,569,762	6,569,762	0	2,863,744
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,913	12,902,498	12,902,498	0	3,354,816
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	16,872	13,404,215	13,404,215	0	4,501,382
101.00	10100	HOME HEALTH AGENCY	165,291	9,836,902	9,836,902	0	8,858,280
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	54,854	20,256,748	20,256,748	0	5,315,764
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,486,994	1,293,417,024	1,293,417,024	-30,242,343	238,622,949
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	303	0	0	0	215,307
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22	0	0	0	18,498,397
194.00	07950	MOB	0	0	0	0	9,825
194.01	07951	LIFELINE	0	0	0	0	0
194.02	07952	PATIENT TRANSPORT	0	0	0	0	30,302
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	4,391,098

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING (COSTED REQUISITES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,287,415	108,426	5,744,412		30,242,343	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.062691	0.000084	0.004441		0.115531	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	776,478	103,621	177,539		2,675,035	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.021281	0.000080	0.000137		0.010219	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: 15-0109

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	644,253				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	966,240			8.00
9.00	00900	HOUSEKEEPING	13,921	22,346	480,961		9.00
10.00	01000	DIETARY	22,166	27,138	22,166	210,046	10.00
11.00	01100	CAFETERIA	16,491	0	16,491	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,326	0	4,326	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,069	24,489	11,069	0	14.00
15.00	01500	PHARMACY	8,268	0	8,268	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,535	0	4,535	0	16.00
17.00	01700	SOCIAL SERVICE	628	0	628	0	17.00
20.00	02000	NURSING SCHOOL	31,569	0	31,569	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	3,846	0	3,846	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	105,624	341,098	105,624	172,998	30.00
31.00	03100	INTENSIVE CARE UNIT	11,472	51,962	11,472	19,776	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,026	21,659	8,026	0	35.00
41.00	04100	SUBPROVIDER - IIRF	15,347	18,343	15,347	17,272	41.00
43.00	04300	NURSERY	0	35,595	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,893	169,460	32,893	0	50.00
51.00	05100	RECOVERY ROOM	2,718	31,162	2,718	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	38,057	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,437	59,462	28,437	0	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,476	0	1,476	0	55.00
56.00	05600	RADIOISOTOPE	350	0	350	0	56.00
56.01	03950	CARDIAC CATH LAB	8,690	3,929	8,690	0	56.01
57.00	05700	CT SCAN	4,199	0	4,199	0	57.00
58.00	05800	MRI	1,362	0	1,362	0	58.00
60.00	06000	LABORATORY	17,522	6,161	17,522	0	60.00
65.00	06500	RESPIRATORY THERAPY	632	7,214	632	0	65.00
66.00	06600	PHYSICAL THERAPY	12,375	13,425	12,375	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,613	0	5,613	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,991	0	2,991	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,947	5,471	11,947	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,091	0	8,091	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	3,046	0	3,046	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,500	0	5,500	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	34,148	89,269	34,148	0	91.00
91.01	04950	WOUND CARE	16,382	0	16,382	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,990	0	7,990	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,981	0	7,981	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,810	0	3,810	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	480,133	966,240	461,520	210,046	2,331,265
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,755	0	2,755	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,686	0	16,686	0	192.00
194.00	07950	MOB	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	144,679	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	19,094,415	1,592,694	6,014,239	3,933,992	3,622,456	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.638069	1.648342	12.504629	18.729193	1.539369	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,894,165	236,908	749,274	1,130,982	853,035	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.596651	0.245185	1.557869	5.384449	0.362499	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: 15-0109

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,837,382					13.00
14.00	01400	0	36,386,631				14.00
15.00	01500	0	1,266	100			15.00
16.00	01600	0	8		1,293,417,024		16.00
17.00	01700	0	0	0	0	48,142	17.00
20.00	02000	0	7,622	0	0	0	20.00
23.00	02301	0	0	0	0	0	23.00
23.01	02300	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	483,214	46,040	0	63,219,922	33,999	30.00
31.00	03100	117,370	7,634	0	16,897,974	4,727	31.00
35.00	02060	56,018	17,073	0	16,498,498	2,781	35.00
41.00	04100	40,738	1,168	0	6,275,223	3,003	41.00
43.00	04300	15,551	0	0	3,857,265	3,632	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	122,322	1,087,109	0	169,640,798	0	50.00
51.00	05100	16,397	12	0	14,200,859	0	51.00
52.00	05200	101,369	0	0	23,192,941	0	52.00
54.00	05400	0	1,375,272	0	87,528,250	0	54.00
55.00	03630	0	0	0	11,924,187	0	55.00
56.00	05600	8,082	381	0	0	0	56.00
56.01	03950	33,267	1,176,807	0	45,349,322	0	56.01
57.00	05700	0	13,113	0	74,109,089	0	57.00
58.00	05800	0	381	0	14,575,745	0	58.00
60.00	06000	0	761,363	0	137,110,462	0	60.00
65.00	06500	66,963	119,451	0	15,180,277	0	65.00
66.00	06600	133,793	9	0	19,212,082	0	66.00
67.00	06700	38,084	0	0	11,681,186	0	67.00
68.00	06800	13,817	0	0	3,236,462	0	68.00
69.00	06900	46,527	686	0	31,026,877	0	69.00
70.00	07000	19,980	0	0	6,112,153	0	70.00
71.00	07100	0	12,342,632	0	122,299,342	0	71.00
72.00	07200	0	19,100,155	0	105,452,664	0	72.00
73.00	07300	0	443	100	138,737,933	0	73.00
73.01	07301	10,164	0	0	30,649	0	73.01
74.00	07400	4,520	0	0	3,183,516	0	74.00
76.98	07698	0	0	0	465,236	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	50	0	802,559	0	90.00
91.00	09100	222,603	87,532	0	88,645,428	0	91.00
91.01	04950	41,344	169	0	6,569,762	0	91.01
92.00	09200						92.00
92.01	09201	0	2,913	0	12,902,498	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	103,066	16,872	0	13,404,215	0	95.00
101.00	10100	82,279	165,291	0	9,836,902	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	59,914	54,854	0	20,256,748	0	116.00
118.00		1,837,382	36,386,306	100	1,293,417,024	48,142	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	303	0	0	0	190.00
192.00	19200	0	22	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	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)	5,460,006	1,753,051	6,119,583	2,403,940	1,245,410	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.971623	0.048178	61,195.830000	0.001859	25.869511	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	308,906	568,801	506,634	242,861	57,624	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.168123	0.015632	5,066.340000	0.000188	1.196959	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: 15-0109

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

Worksheet B-1
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		20.00	23.00	23.01	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	01160				5.01
5.02	01140				5.02
5.03	00550				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00560				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
20.00	02000	100			20.00
23.00	02301		100		23.00
23.01	02300			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	100	0	0	30.00
31.00	03100	0	0	0	31.00
35.00	02060	0	0	0	35.00
41.00	04100	0	0	0	41.00
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
54.00	05400	0	0	0	54.00
55.00	03630	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.01	03950	0	0	0	56.01
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
60.00	06000	0	0	0	60.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	100	0	73.00
73.01	07301	0	0	0	73.01
74.00	07400	0	0	0	74.00
76.98	07698	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
91.00	09100	0	0	100	91.00
91.01	04950	0	0	0	91.01
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
101.00	10100	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	0	0	0	113.00
116.00	11600	0	0	0	116.00
118.00		100	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	0	0	0	192.00
194.00	07950	0	0	0	194.00
194.01	07951	0	0	0	194.01
194.02	07952	0	0	0	194.02
194.03	07954	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION		
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)		
		20.00	23.00	23.01		
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,555,465	457,985	846,890		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	45,554.650000	4,579.850000	8,468.900000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,607,251	9,009	200,291		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	16,072.510000	90.090000	2,002.910000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,359,353		48,359,353	0	48,359,353	30.00
31.00	03100	INTENSIVE CARE UNIT	8,351,305		8,351,305	0	8,351,305	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,419,463		4,419,463	0	4,419,463	35.00
41.00	04100	SUBPROVIDER - IRF	4,368,328		4,368,328	0	4,368,328	41.00
43.00	04300	NURSERY	1,144,533		1,144,533	0	1,144,533	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,159,574		15,159,574	0	15,159,574	50.00
51.00	05100	RECOVERY ROOM	1,553,370		1,553,370	0	1,553,370	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,576,869		6,576,869	0	6,576,869	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,738,536		14,738,536	0	14,738,536	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	1,160,181		1,160,181	0	1,160,181	55.00
56.00	05600	RADIOISOTOPE	694,836		694,836	0	694,836	56.00
56.01	03950	CARDIAC CATH LAB	4,700,108		4,700,108	0	4,700,108	56.01
57.00	05700	CT SCAN	2,333,672		2,333,672	0	2,333,672	57.00
58.00	05800	MRI	753,782		753,782	0	753,782	58.00
60.00	06000	LABORATORY	13,690,407		13,690,407	0	13,690,407	60.00
65.00	06500	RESPIRATORY THERAPY	4,387,634	0	4,387,634	0	4,387,634	65.00
66.00	06600	PHYSICAL THERAPY	8,442,306	0	8,442,306	0	8,442,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,027,289	0	3,027,289	0	3,027,289	67.00
68.00	06800	SPEECH PATHOLOGY	1,130,973	0	1,130,973	0	1,130,973	68.00
69.00	06900	ELECTROCARDIOLOGY	4,453,217		4,453,217	0	4,453,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,097,350		2,097,350	0	2,097,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,071,092		16,071,092	0	16,071,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,291,108		24,291,108	0	24,291,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,693,653		16,693,653	0	16,693,653	73.00
73.01	07301	DIABETES CENTER	651,056		651,056	0	651,056	73.01
74.00	07400	RENAL DIALYSIS	1,297,583		1,297,583	0	1,297,583	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	548,698		548,698	0	548,698	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,322,919		1,322,919	0	1,322,919	90.00
91.00	09100	EMERGENCY	17,830,613		17,830,613	0	17,830,613	91.00
91.01	04950	WOUND CARE	4,083,701		4,083,701	0	4,083,701	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,188,162		4,188,162	0	4,188,162	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,848,432		5,848,432	0	5,848,432	95.00
101.00	10100	HOME HEALTH AGENCY	10,279,096		10,279,096	0	10,279,096	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,401,036		6,401,036	0	6,401,036	116.00
200.00		Subtotal (see instructions)	261,050,235	0	261,050,235	0	261,050,235	200.00
201.00		Less Observation Beds	0		0	0	0	201.00
202.00		Total (see instructions)	261,050,235	0	261,050,235	0	261,050,235	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 2:39 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	63,219,922		63,219,922				30.00
31.00	03100	INTENSIVE CARE UNIT	16,897,974		16,897,974				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,498,498		16,498,498				35.00
41.00	04100	SUBPROVIDER - I RF	6,275,223		6,275,223				41.00
43.00	04300	NURSERY	3,857,265		3,857,265				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	90,767,256	78,873,542	169,640,798	0.089363	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,546,511	7,654,348	14,200,859	0.109386	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,506,830	686,111	23,192,941	0.283572	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,473,255	71,054,995	87,528,250	0.168386	0.000000		54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	2,368,963	9,555,224	11,924,187	0.097296	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	20,781,057	24,568,265	45,349,322	0.103642	0.000000		56.01
57.00	05700	CT SCAN	19,596,211	54,512,878	74,109,089	0.031490	0.000000		57.00
58.00	05800	MRI	4,277,652	10,298,093	14,575,745	0.051715	0.000000		58.00
60.00	06000	LABORATORY	58,588,511	78,521,951	137,110,462	0.099849	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	12,819,662	2,360,615	15,180,277	0.289035	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	7,666,959	11,545,123	19,212,082	0.439427	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,488,686	4,192,500	11,681,186	0.259159	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,362,014	1,874,448	3,236,462	0.349447	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	10,579,740	20,447,137	31,026,877	0.143528	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,100,124	5,012,029	6,112,153	0.343144	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,714,394	52,584,948	122,299,342	0.131408	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	79,337,311	26,115,353	105,452,664	0.230351	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,089,538	76,648,395	138,737,933	0.120325	0.000000		73.00
73.01	07301	DIABETES CENTER	456	30,193	30,649	21.242324	0.000000		73.01
74.00	07400	RENAL DIALYSIS	2,135,836	1,047,680	3,183,516	0.407594	0.000000		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,040	460,196	465,236	1.179397	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	802,559	802,559	1.648376	0.000000		90.00
91.00	09100	EMERGENCY	13,904,955	74,740,473	88,645,428	0.201145	0.000000		91.00
91.01	04950	WOUND CARE	55,721	6,514,041	6,569,762	0.621590	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,771,230	11,131,268	12,902,498	0.324601	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	13,404,215	13,404,215	0.436313	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	9,836,902	9,836,902				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	20,256,748	20,256,748				116.00
200.00		Subtotal (see instructions)	618,686,794	674,730,230	1,293,417,024				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	618,686,794	674,730,230	1,293,417,024				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 2:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.089363		50.00
51.00	05100 RECOVERY ROOM	0.109386		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283572		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168386		54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.097296		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	03950 CARDIAC CATH LAB	0.103642		56.01
57.00	05700 CT SCAN	0.031490		57.00
58.00	05800 MRI	0.051715		58.00
60.00	06000 LABORATORY	0.099849		60.00
65.00	06500 RESPIRATORY THERAPY	0.289035		65.00
66.00	06600 PHYSICAL THERAPY	0.439427		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.259159		67.00
68.00	06800 SPEECH PATHOLOGY	0.349447		68.00
69.00	06900 ELECTROCARDIOLOGY	0.143528		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.343144		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.131408		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.230351		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120325		73.00
73.01	07301 DIABETES CENTER	21.242324		73.01
74.00	07400 RENAL DIALYSIS	0.407594		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	1.179397		76.98
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.648376		90.00
91.00	09100 EMERGENCY	0.201145		91.00
91.01	04950 WOUND CARE	0.621590		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.324601		92.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.436313		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 15-0109

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	48,359,353		48,359,353	0	48,359,353	30.00
31.00	03100 INTENSIVE CARE UNIT	8,351,305		8,351,305	0	8,351,305	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,419,463		4,419,463	0	4,419,463	35.00
41.00	04100 SUBPROVIDER - IRF	4,368,328		4,368,328	0	4,368,328	41.00
43.00	04300 NURSERY	1,144,533		1,144,533	0	1,144,533	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	15,159,574		15,159,574	0	15,159,574	50.00
51.00	05100 RECOVERY ROOM	1,553,370		1,553,370	0	1,553,370	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,576,869		6,576,869	0	6,576,869	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,738,536		14,738,536	0	14,738,536	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	1,160,181		1,160,181	0	1,160,181	55.00
56.00	05600 RADIOISOTOPE	694,836		694,836	0	694,836	56.00
56.01	03950 CARDIAC CATH LAB	4,700,108		4,700,108	0	4,700,108	56.01
57.00	05700 CT SCAN	2,333,672		2,333,672	0	2,333,672	57.00
58.00	05800 MRI	753,782		753,782	0	753,782	58.00
60.00	06000 LABORATORY	13,690,407		13,690,407	0	13,690,407	60.00
65.00	06500 RESPIRATORY THERAPY	4,387,634	0	4,387,634	0	4,387,634	65.00
66.00	06600 PHYSICAL THERAPY	8,442,306	0	8,442,306	0	8,442,306	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,027,289	0	3,027,289	0	3,027,289	67.00
68.00	06800 SPEECH PATHOLOGY	1,130,973	0	1,130,973	0	1,130,973	68.00
69.00	06900 ELECTROCARDIOLOGY	4,453,217		4,453,217	0	4,453,217	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,097,350		2,097,350	0	2,097,350	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,071,092		16,071,092	0	16,071,092	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	24,291,108		24,291,108	0	24,291,108	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,693,653		16,693,653	0	16,693,653	73.00
73.01	07301 DIABETES CENTER	651,056		651,056	0	651,056	73.01
74.00	07400 RENAL DIALYSIS	1,297,583		1,297,583	0	1,297,583	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	548,698		548,698	0	548,698	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,322,919		1,322,919	0	1,322,919	90.00
91.00	09100 EMERGENCY	17,830,613		17,830,613	0	17,830,613	91.00
91.01	04950 WOUND CARE	4,083,701		4,083,701	0	4,083,701	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	4,188,162		4,188,162	0	4,188,162	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,848,432		5,848,432	0	5,848,432	95.00
101.00	10100 HOME HEALTH AGENCY	10,279,096		10,279,096	0	10,279,096	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	6,401,036		6,401,036		6,401,036	116.00
200.00	Subtotal (see instructions)	261,050,235	0	261,050,235	0	261,050,235	200.00
201.00	Less Observation Beds	0		0		0	201.00
202.00	Total (see instructions)	261,050,235	0	261,050,235	0	261,050,235	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

		Title XIX			Hospital	Cost		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,219,922		63,219,922			30.00
31.00	03100	INTENSIVE CARE UNIT	16,897,974		16,897,974			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,498,498		16,498,498			35.00
41.00	04100	SUBPROVIDER - I RF	6,275,223		6,275,223			41.00
43.00	04300	NURSERY	3,857,265		3,857,265			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,767,256	78,873,542	169,640,798	0.089363	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,546,511	7,654,348	14,200,859	0.109386	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,506,830	686,111	23,192,941	0.283572	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,473,255	71,054,995	87,528,250	0.168386	0.000000	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	2,368,963	9,555,224	11,924,187	0.097296	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	20,781,057	24,568,265	45,349,322	0.103642	0.000000	56.01
57.00	05700	CT SCAN	19,596,211	54,512,878	74,109,089	0.031490	0.000000	57.00
58.00	05800	MRI	4,277,652	10,298,093	14,575,745	0.051715	0.000000	58.00
60.00	06000	LABORATORY	58,588,511	78,521,951	137,110,462	0.099849	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	12,819,662	2,360,615	15,180,277	0.289035	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,666,959	11,545,123	19,212,082	0.439427	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,488,686	4,192,500	11,681,186	0.259159	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,362,014	1,874,448	3,236,462	0.349447	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,579,740	20,447,137	31,026,877	0.143528	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,100,124	5,012,029	6,112,153	0.343144	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,714,394	52,584,948	122,299,342	0.131408	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	79,337,311	26,115,353	105,452,664	0.230351	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,089,538	76,648,395	138,737,933	0.120325	0.000000	73.00
73.01	07301	DIABETES CENTER	456	30,193	30,649	21.242324	0.000000	73.01
74.00	07400	RENAL DIALYSIS	2,135,836	1,047,680	3,183,516	0.407594	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,040	460,196	465,236	1.179397	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	802,559	802,559	1.648376	0.000000	90.00
91.00	09100	EMERGENCY	13,904,955	74,740,473	88,645,428	0.201145	0.000000	91.00
91.01	04950	WOUND CARE	55,721	6,514,041	6,569,762	0.621590	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,771,230	11,131,268	12,902,498	0.324601	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	13,404,215	13,404,215	0.436313	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,836,902	9,836,902			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	20,256,748	20,256,748			116.00
200.00		Subtotal (see instructions)	618,686,794	674,730,230	1,293,417,024			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	618,686,794	674,730,230	1,293,417,024			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 2:39 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	03950 CARDIAC CATH LAB	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
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
73.01	07301 DIABETES CENTER	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	04950 WOUND CARE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,937,188	0	6,937,188	34,271	202.42	30.00
31.00	INTENSIVE CARE UNIT	851,468		851,468	4,326	196.83	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	488,953		488,953	3,176	153.95	35.00
41.00	SUBPROVIDER - IRF	915,641	0	915,641	3,696	247.74	41.00
43.00	NURSERY	36,138		36,138	3,243	11.14	43.00
200.00	Total (lines 30 through 199)	9,229,388		9,229,388	48,712		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	15,318	3,100,670				
31.00	INTENSIVE CARE UNIT	2,240	440,899				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	1,905	471,945				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,463	4,013,514				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,972,549	169,640,798	0.011628	38,473,187	447,366	50.00
51.00	05100	RECOVERY ROOM	172,260	14,200,859	0.012130	2,716,226	32,948	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161,144	23,192,941	0.006948	19,420	135	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,688,170	87,528,250	0.019287	8,604,181	165,949	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	93,163	11,924,187	0.007813	1,064,570	8,317	55.00
56.00	05600	RADIOISOTOPE	29,982	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	551,653	45,349,322	0.012165	6,950,669	84,555	56.01
57.00	05700	CT SCAN	267,190	74,109,089	0.003605	9,611,159	34,648	57.00
58.00	05800	MRI	82,104	14,575,745	0.005633	1,962,866	11,057	58.00
60.00	06000	LABORATORY	1,057,713	137,110,462	0.007714	26,801,094	206,744	60.00
65.00	06500	RESPIRATORY THERAPY	138,343	15,180,277	0.009113	6,704,984	61,103	65.00
66.00	06600	PHYSICAL THERAPY	791,647	19,212,082	0.041206	2,400,679	98,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	334,379	11,681,186	0.028625	1,895,295	54,253	67.00
68.00	06800	SPEECH PATHOLOGY	167,261	3,236,462	0.051680	376,919	19,479	68.00
69.00	06900	ELECTROCARDIOLOGY	669,407	31,026,877	0.021575	5,405,445	116,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	428,724	6,112,153	0.070143	450,381	31,591	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	644,827	122,299,342	0.005273	32,055,636	169,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	960,045	105,452,664	0.009104	40,429,943	368,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	653,146	138,737,933	0.004708	27,860,809	131,169	73.00
73.01	07301	DIABETES CENTER	14,548	30,649	0.474665	193	92	73.01
74.00	07400	RENAL DIALYSIS	163,964	3,183,516	0.051504	1,289,004	66,389	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	271,053	465,236	0.582614	5,040	2,936	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,618	802,559	0.034412	0	0	90.00
91.00	09100	EMERGENCY	2,040,905	88,645,428	0.023023	6,950,601	160,024	91.00
91.01	04950	WOUND CARE	865,076	6,569,762	0.131675	52,544	6,919	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	466,011	12,902,498	0.036118	952,794	34,413	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,712,882	1,143,170,277		223,033,639	2,312,734	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	4,555,465	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	4,555,465	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	4,555,465	34,271	132.92	15,318	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,326	0.00	2,240	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,176	0.00	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,696	0.00	1,905	41.00	
43.00	04300	NURSERY		0	3,243	0.00	0	43.00	
200.00		Total (lines 30 through 199)		4,555,465	48,712		19,463	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	2,036,069						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	2,036,069						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 03950 CARDIAC CATH LAB	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	457,985	73.00
73.01 07301 DIABETES CENTER	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	846,890	91.00
91.01 04950 WOUND CARE	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	1,304,875	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	169,640,798	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,200,859	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,192,941	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,528,250	0.000000	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	11,924,187	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	45,349,322	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	74,109,089	0.000000	57.00
58.00	05800	MRI	0	0	0	14,575,745	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	137,110,462	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,180,277	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,212,082	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,681,186	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,236,462	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,026,877	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,112,153	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	122,299,342	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	105,452,664	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	457,985	457,985	138,737,933	0.003301	73.00
73.01	07301	DIABETES CENTER	0	0	0	30,649	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,183,516	0.000000	74.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	465,236	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	802,559	0.000000	90.00
91.00	09100	EMERGENCY	0	846,890	846,890	88,645,428	0.009554	91.00
91.01	04950	WOUND CARE	0	0	0	6,569,762	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	12,902,498	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,304,875	1,304,875	1,143,170,277		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	38,473,187	0	17,905,804	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	2,716,226	0	1,746,874	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	19,420	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,604,181	0	14,670,025	0	54.00	
55.00	03630 RADIOLOGY-THERAPEUTIC	0.000000	1,064,570	0	1,591,120	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03950 CARDIAC CATH LAB	0.000000	6,950,669	0	7,812,667	0	56.01	
57.00	05700 CT SCAN	0.000000	9,611,159	0	14,736,616	0	57.00	
58.00	05800 MRI	0.000000	1,962,866	0	2,956,106	0	58.00	
60.00	06000 LABORATORY	0.000000	26,801,094	0	15,093,745	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	6,704,984	0	902,154	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,400,679	0	533,829	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,895,295	0	74,509	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	376,919	0	8,259	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,405,445	0	7,709,676	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	450,381	0	1,426,656	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	32,055,636	0	16,725,118	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	40,429,943	0	12,774,173	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003301	27,860,809	91,969	31,600,618	104,314	73.00	
73.01	07301 DIABETES CENTER	0.000000	193	0	1,495	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,289,004	0	96,926	0	74.00	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	5,040	0	220,068	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0.009554	6,950,601	66,406	14,065,703	134,384	91.00	
91.01	04950 WOUND CARE	0.000000	52,544	0	3,755,903	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	952,794	0	2,340,750	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		223,033,639	158,375	168,748,794	238,698	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.089363	17,905,804	0	0	1,600,116	50.00
51.00	05100 RECOVERY ROOM	0.109386	1,746,874	0	0	191,084	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283572	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168386	14,670,025	0	0	2,470,227	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.097296	1,591,120	0	0	154,810	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.103642	7,812,667	0	0	809,720	56.01
57.00	05700 CT SCAN	0.031490	14,736,616	0	0	464,056	57.00
58.00	05800 MRI	0.051715	2,956,106	0	0	152,875	58.00
60.00	06000 LABORATORY	0.099849	15,093,745	0	0	1,507,095	60.00
65.00	06500 RESPIRATORY THERAPY	0.289035	902,154	0	0	260,754	65.00
66.00	06600 PHYSICAL THERAPY	0.439427	533,829	0	0	234,579	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.259159	74,509	0	0	19,310	67.00
68.00	06800 SPEECH PATHOLOGY	0.349447	8,259	0	0	2,886	68.00
69.00	06900 ELECTROCARDIOLOGY	0.143528	7,709,676	0	0	1,106,554	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.343144	1,426,656	0	0	489,548	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.131408	16,725,118	0	0	2,197,814	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.230351	12,774,173	0	0	2,942,544	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120325	31,600,618	0	129,646	3,802,344	73.00
73.01	07301 DIABETES CENTER	21.242324	1,495	0	0	31,757	73.01
74.00	07400 RENAL DIALYSIS	0.407594	96,926	0	0	39,506	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	1.179397	220,068	0	0	259,548	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1.648376	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.201145	14,065,703	0	0	2,829,246	91.00
91.01	04950 WOUND CARE	0.621590	3,755,903	0	0	2,334,632	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.324601	2,340,750	0	0	759,810	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.436313	0	0	0	0	95.00
200.00	Subtotal (see instructions)		168,748,794	0	129,646	24,660,815	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		168,748,794	0	129,646	24,660,815	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 2:39 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
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	15,600		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	15,600		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	15,600		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 2:39 pm	
			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	1,972,549	169,640,798	0.011628	1,591	19	50.00
51.00	05100	RECOVERY ROOM	172,260	14,200,859	0.012130	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161,144	23,192,941	0.006948	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,688,170	87,528,250	0.019287	56,131	1,083	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	93,163	11,924,187	0.007813	14,931	117	55.00
56.00	05600	RADIOISOTOPE	29,982	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	551,653	45,349,322	0.012165	0	0	56.01
57.00	05700	CT SCAN	267,190	74,109,089	0.003605	105,832	382	57.00
58.00	05800	MRI	82,104	14,575,745	0.005633	13,303	75	58.00
60.00	06000	LABORATORY	1,057,713	137,110,462	0.007714	597,027	4,605	60.00
65.00	06500	RESPIRATORY THERAPY	138,343	15,180,277	0.009113	128,089	1,167	65.00
66.00	06600	PHYSICAL THERAPY	791,647	19,212,082	0.041206	1,390,310	57,289	66.00
67.00	06700	OCCUPATIONAL THERAPY	334,379	11,681,186	0.028625	1,467,811	42,016	67.00
68.00	06800	SPEECH PATHOLOGY	167,261	3,236,462	0.051680	344,116	17,784	68.00
69.00	06900	ELECTROCARDIOLOGY	669,407	31,026,877	0.021575	17,997	388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	428,724	6,112,153	0.070143	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	644,827	122,299,342	0.005273	324,761	1,712	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	960,045	105,452,664	0.009104	4,057	37	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	653,146	138,737,933	0.004708	512,479	2,413	73.00
73.01	07301	DIABETES CENTER	14,548	30,649	0.474665	0	0	73.01
74.00	07400	RENAL DIALYSIS	163,964	3,183,516	0.051504	38,676	1,992	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	271,053	465,236	0.582614	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,618	802,559	0.034412	0	0	90.00
91.00	09100	EMERGENCY	2,040,905	88,645,428	0.023023	6,465	149	91.00
91.01	04950	WOUND CARE	865,076	6,569,762	0.131675	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	466,011	12,902,498	0.036118	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,712,882	1,143,170,277		5,023,576	131,228	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109
Component CCN: 15-T109

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 2:39 pm

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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
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	457,985	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	846,890	91.00
91.01	04950 WOUND CARE	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,304,875	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 2:39 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	169,640,798	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,200,859	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,192,941	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	87,528,250	0.000000	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0	0	0	11,924,187	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	45,349,322	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	74,109,089	0.000000	57.00
58.00	05800	MRI	0	0	0	14,575,745	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	137,110,462	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,180,277	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,212,082	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,681,186	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,236,462	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,026,877	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,112,153	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	122,299,342	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	105,452,664	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	457,985	457,985	138,737,933	0.003301	73.00
73.01	07301	DIABETES CENTER	0	0	0	30,649	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,183,516	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	465,236	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	802,559	0.000000	90.00
91.00	09100	EMERGENCY	0	846,890	846,890	88,645,428	0.009554	91.00
91.01	04950	WOUND CARE	0	0	0	6,569,762	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	12,902,498	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,304,875	1,304,875	1,143,170,277		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 2:39 pm
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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	1,591	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	56,131	0	0	0	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.000000	14,931	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.000000	0	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	105,832	0	0	0	57.00
58.00	05800 MRI	0.000000	13,303	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	597,027	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	128,089	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,390,310	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,467,811	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	344,116	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	17,997	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	324,761	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,057	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003301	512,479	1,692	0	0	73.00
73.01	07301 DIABETES CENTER	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	38,676	0	0	0	74.00
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.009554	6,465	62	0	0	91.00
91.01	04950 WOUND CARE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		5,023,576	1,754	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 2:39 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.089363	0	0	11,364,188	0
51.00 05100 RECOVERY ROOM	0.109386	0	0	1,188,228	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.283572	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.168386	0	0	6,788,159	0
55.00 03630 RADIOLOGY-THERAPEUTIC	0.097296	0	0	3,032,934	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 03950 CARDIAC CATH LAB	0.103642	0	0	1,723,145	0
57.00 05700 CT SCAN	0.031490	0	0	12,355,495	0
58.00 05800 MRI	0.051715	0	0	1,583,563	0
60.00 06000 LABORATORY	0.099849	0	0	18,599,149	0
65.00 06500 RESPIRATORY THERAPY	0.289035	0	0	462,866	0
66.00 06600 PHYSICAL THERAPY	0.439427	0	0	2,295,739	0
67.00 06700 OCCUPATIONAL THERAPY	0.259159	0	0	977,420	0
68.00 06800 SPEECH PATHOLOGY	0.349447	0	0	786,087	0
69.00 06900 ELECTROCARDIOLOGY	0.143528	0	0	2,818,719	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.343144	0	0	1,060,142	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.131408	0	0	6,746,645	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.230351	0	0	3,647,359	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.120325	0	0	12,121,293	0
73.01 07301 DIABETES CENTER	21.242324	0	0	15,095	0
74.00 07400 RENAL DIALYSIS	0.407594	0	0	856,058	0
76.98 07698 HYPERBARI C OXYGEN THERAPY	1.179397	0	0	23,980	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.648376	0	0	0	0
91.00 09100 EMERGENCY	0.201145	0	0	23,610,497	0
91.01 04950 WOUND CARE	0.621590	0	0	640,784	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.324601	0	0	2,157,899	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.436313	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	114,855,444	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 - line 201)			114,855,444	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 2:39 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	1,015,538		50.00
51.00 05100 RECOVERY ROOM	0	129,976		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,143,031		54.00
55.00 03630 RADIOLOGY-THERAPEUTIC	0	295,092		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	178,590		56.01
57.00 05700 CT SCAN	0	389,075		57.00
58.00 05800 MRI	0	81,894		58.00
60.00 06000 LABORATORY	0	1,857,106		60.00
65.00 06500 RESPIRATORY THERAPY	0	133,784		65.00
66.00 06600 PHYSICAL THERAPY	0	1,008,810		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	253,307		67.00
68.00 06800 SPEECH PATHOLOGY	0	274,696		68.00
69.00 06900 ELECTROCARDIOLOGY	0	404,565		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	363,781		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	886,563		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	840,173		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,458,495		73.00
73.01 07301 DIABETES CENTER	0	320,653		73.01
74.00 07400 RENAL DIALYSIS	0	348,924		74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	28,282		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	4,749,133		91.00
91.01 04950 WOUND CARE	0	398,305		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	700,456		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	17,260,229		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	17,260,229		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 2:39 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,271	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,271	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)		34,271	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)		15,318	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		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)		48,359,353	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)		48,359,353	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)		48,359,353	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)		1,411.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,615,077	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)		21,615,077	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 2:39 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	8,351,305	4,326	1,930.49	2,240	4,324,298	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,419,463	3,176	1,391.52	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,793,135	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					58,732,510	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)					5,577,638	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,471,109	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,048,747	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,683,763	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: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,937,188	48,359,353	0.143451	0	0	90.00
91.00	Nursing School cost	4,555,465	48,359,353	0.094200	0	0	91.00
92.00	Allied health cost	0	48,359,353	0.000000	0	0	92.00
93.00	All other Medical Education	0	48,359,353	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 2:39 pm
		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)		3,696	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,696	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,696	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)		1,905	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)		4,368,328	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)		4,368,328	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,368,328	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)		1,181.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,251,539	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,251,539	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 15-T109				Date/Time Prepared: 5/30/2019 2:39 pm	
		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							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,348,211		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,599,750		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)					471,945		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					132,982		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					604,927		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,994,823		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: 15-0109 Component CCN: 15-T109		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 2:39 pm	
		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	915,641	4,368,328	0.209609	0	0	90.00
91.00	Nursing School cost	0	4,368,328	0.000000	0	0	91.00
92.00	Allied health cost	0	4,368,328	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,368,328	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		34,774,165	30.00
31.00	03100	INTENSIVE CARE UNIT		8,743,219	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.089363	38,473,187	50.00
51.00	05100	RECOVERY ROOM	0.109386	2,716,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283572	19,420	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168386	8,604,181	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.097296	1,064,570	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.103642	6,950,669	56.01
57.00	05700	CT SCAN	0.031490	9,611,159	57.00
58.00	05800	MRI	0.051715	1,962,866	58.00
60.00	06000	LABORATORY	0.099849	26,801,094	60.00
65.00	06500	RESPIRATORY THERAPY	0.289035	6,704,984	65.00
66.00	06600	PHYSICAL THERAPY	0.439427	2,400,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259159	1,895,295	67.00
68.00	06800	SPEECH PATHOLOGY	0.349447	376,919	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143528	5,405,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343144	450,381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.131408	32,055,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230351	40,429,943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120325	27,860,809	73.00
73.01	07301	DIABETES CENTER	21.242324	193	73.01
74.00	07400	RENAL DIALYSIS	0.407594	1,289,004	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.179397	5,040	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.648376	0	90.00
91.00	09100	EMERGENCY	0.201145	6,950,601	91.00
91.01	04950	WOUND CARE	0.621590	52,544	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.324601	952,794	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		223,033,639	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)		223,033,639	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 2:39 pm	
		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
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		3,231,829		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.089363	1,591	142	50.00
51.00	05100 RECOVERY ROOM	0.109386	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283572	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168386	56,131	9,452	54.00
55.00	03630 RADIOLOGY-THERAPEUTIC	0.097296	14,931	1,453	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.103642	0	0	56.01
57.00	05700 CT SCAN	0.031490	105,832	3,333	57.00
58.00	05800 MRI	0.051715	13,303	688	58.00
60.00	06000 LABORATORY	0.099849	597,027	59,613	60.00
65.00	06500 RESPIRATORY THERAPY	0.289035	128,089	37,022	65.00
66.00	06600 PHYSICAL THERAPY	0.439427	1,390,310	610,940	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.259159	1,467,811	380,396	67.00
68.00	06800 SPEECH PATHOLOGY	0.349447	344,116	120,250	68.00
69.00	06900 ELECTROCARDIOLOGY	0.143528	17,997	2,583	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.343144	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.131408	324,761	42,676	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.230351	4,057	935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120325	512,479	61,664	73.00
73.01	07301 DIABETES CENTER	21.242324	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.407594	38,676	15,764	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	1.179397	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.648376	0	0	90.00
91.00	09100 EMERGENCY	0.201145	6,465	1,300	91.00
91.01	04950 WOUND CARE	0.621590	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.324601	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,023,576	1,348,211	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)		5,023,576		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 2:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,657,932	30.00
31.00	03100	INTENSIVE CARE UNIT		2,549,752	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		10,185,443	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.089363	10,656,935	952,336 50.00
51.00	05100	RECOVERY ROOM	0.109386	787,900	86,185 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283572	4,177,206	1,184,539 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168386	1,898,234	319,636 54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.097296	401,561	39,070 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	03950	CARDIAC CATH LAB	0.103642	1,515,699	157,090 56.01
57.00	05700	CT SCAN	0.031490	2,555,862	80,484 57.00
58.00	05800	MRI	0.051715	661,987	34,235 58.00
60.00	06000	LABORATORY	0.099849	9,271,303	925,730 60.00
65.00	06500	RESPIRATORY THERAPY	0.289035	2,039,459	589,475 65.00
66.00	06600	PHYSICAL THERAPY	0.439427	711,859	312,810 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259159	914,884	237,100 67.00
68.00	06800	SPEECH PATHOLOGY	0.349447	86,595	30,260 68.00
69.00	06900	ELECTROCARDIOLOGY	0.143528	1,286,001	184,577 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343144	202,677	69,547 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.131408	7,506,350	986,394 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230351	4,144,594	954,711 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120325	9,598,710	1,154,965 73.00
73.01	07301	DIABETES CENTER	21.242324	114	2,422 73.01
74.00	07400	RENAL DIALYSIS	0.407594	245,748	100,165 74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.179397	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.648376	0	0 90.00
91.00	09100	EMERGENCY	0.201145	1,942,087	390,641 91.00
91.01	04950	WOUND CARE	0.621590	3,177	1,975 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.324601	420,998	136,656 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		61,029,940	8,931,003 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		61,029,940	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 2:39 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		841,353	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.089363	0	50.00
51.00	05100	RECOVERY ROOM	0.109386	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283572	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168386	16,826	54.00
55.00	03630	RADIOLOGY-THERAPEUTIC	0.097296	4,056	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0.103642	552	56.01
57.00	05700	CT SCAN	0.031490	31,955	57.00
58.00	05800	MRI	0.051715	13,908	58.00
60.00	06000	LABORATORY	0.099849	158,849	60.00
65.00	06500	RESPIRATORY THERAPY	0.289035	10,936	65.00
66.00	06600	PHYSICAL THERAPY	0.439427	334,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259159	358,603	67.00
68.00	06800	SPEECH PATHOLOGY	0.349447	111,936	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143528	12,732	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343144	1,800	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.131408	72,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230351	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.120325	163,010	73.00
73.01	07301	DIABETES CENTER	21.242324	0	73.01
74.00	07400	RENAL DIALYSIS	0.407594	23,800	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.179397	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.648376	0	90.00
91.00	09100	EMERGENCY	0.201145	1,624	91.00
91.01	04950	WOUND CARE	0.621590	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.324601	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,317,641	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,317,641	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		31,922,389	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,801,716	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,189,760	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		10,526,647	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		190.39	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.14	31.00
32.00	Sum of lines 30 and 31		29.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.35	33.00
34.00	Disproportionate share adjustment (see instructions)		1,425,917	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000312205	0.000468376	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,112,596	3,874,815	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,580,106	976,666	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,556,772		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	47,896,554		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)		47,896,554	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,879,571	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		833,852	53.00
54.00	Special add-on payments for new technologies		35,870	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		2,036,069	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		158,375	58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,840,291	59.00
60.00	Primary payer payments		42,015	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,798,276	61.00
62.00	Deductibles billed to program beneficiaries		3,930,648	62.00
63.00	Coinurance billed to program beneficiaries		90,061	63.00
64.00	Allowable bad debts (see instructions)		381,983	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		248,289	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		75,406	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		51,025,856	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-7,036	70.93
70.94	HRR adjustment amount (see instructions)		-7,561	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		51,011,259	71.00
71.01	Sequestration adjustment (see instructions)		1,020,225	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		50,550,322	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)		-559,288	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,244,767	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,600	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,422,117	2.00
3.00	OPPS payments		22,205,648	3.00
4.00	Outlier payment (see instructions)		176,151	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		238,698	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,600	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		129,646	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)		129,646	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		129,646	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		114,046	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)		15,600	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)		22,620,497	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)		4,005,089	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)		18,631,008	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)		18,631,008	30.00
31.00	Primary payer payments		3,491	31.00
32.00	Subtotal (line 30 minus line 31)		18,627,517	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)		790,731	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		513,975	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		476,254	36.00
37.00	Subtotal (see instructions)		19,141,492	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)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,141,492	40.00
40.01	Sequestration adjustment (see instructions)		382,830	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		18,635,808	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		122,854	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: 15-0109		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/30/2019 2:39 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		50,550,322		18,635,808	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)		50,550,322		18,635,808	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		122,854	6.01	
6.02	SETTLEMENT TO PROGRAM		559,288		0	6.02	
7.00	Total Medicare program liability (see instructions)		49,991,034		18,758,662	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: 15-0109
Component CCN: 15-T109

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 2:39 pm

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					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		3,185,836		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)		3,185,836		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		60,519		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,246,355		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,969,572 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0244 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			154,715 3.00
4.00	Outlier Payments			216,686 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)			10.126027 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)			3,340,973 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)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,340,973 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,340,973 19.00
20.00	Deductibles			22,780 20.00
21.00	Subtotal (line 19 minus line 20)			3,318,193 21.00
22.00	Coinsurance			7,340 22.00
23.00	Subtotal (line 21 minus line 22)			3,310,853 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,310,853 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)			1,754 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)			3,312,607 32.00
32.01	Sequestration adjustment (see instructions)			66,252 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,185,836 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)			60,519 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			216,686 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: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2019 2:39 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			17,260,229	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	17,260,229	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	17,260,229	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		61,029,940	114,855,444	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)		61,029,940	114,855,444	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)		61,029,940	114,855,444	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		61,029,940	97,595,215	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	17,260,229	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	17,260,229	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	17,260,229	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	17,260,229	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	17,260,229	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	17,260,229	40.00
41.00	Interim payments		0	17,260,229	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: 15-0109 Component CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2019 2:39 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	1,317,641	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)	1,317,641	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)	1,317,641	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,317,641	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)	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	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	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	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	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	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

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

Provider CCN: 15-0109

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

Worksheet G

Date/Time Prepared:
5/30/2019 2:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-23,875	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	66,718,405	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,763,254	0	0	0	6.00
7.00	Inventory	4,931,777	0	0	0	7.00
8.00	Prepaid expenses	25,878,822	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)	80,741,875	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,785,293	0	0	0	12.00
13.00	Land improvements	3,279,055	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	269,339,341	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	811,902	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	96,905,786	0	0	0	23.00
24.00	Accumulated depreciation	-118,628,217	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)	264,493,160	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	739,048	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	30,587,749	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	31,326,797	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	376,561,832	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,672,953	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,963,266	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,063,064	0	0	0	43.00
44.00	Other current liabilities	128,722	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,828,005	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	-12,241,112	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-12,241,112	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,586,893	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	354,974,939				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)	354,974,939	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	376,561,832	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0109

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

Worksheet G-1

Date/Time Prepared:
5/30/2019 2:39 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		319,310,193		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		40,979,495			2.00
3.00	Total (sum of line 1 and line 2)		360,289,688		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		360,289,688		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00	CHANGE IN NON CONTROLLING INTEREST I	5,185,201		0		14.00
15.00	CHANGE IN DONOR RESTRICTIONS	129,548		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		5,314,749		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		354,974,939		0	19.00
		Plant Fund				
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00	CHANGE IN NON CONTROLLING INTEREST I		0			14.00
15.00	CHANGE IN DONOR RESTRICTIONS		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: 15-0109

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	68,083,399		68,083,399	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,275,223		6,275,223	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,358,622		74,358,622	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,897,974		16,897,974	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	16,498,498		16,498,498	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,396,472		33,396,472	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	107,755,094		107,755,094	17.00
18.00	Ancillary services	496,054,517	540,491,497	1,036,546,014	18.00
19.00	Outpatient services	15,729,109	90,590,962	106,320,071	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		9,683,020	9,683,020	22.00
23.00	AMBULANCE SERVICES	0	13,404,215	13,404,215	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	19,708,612	19,708,612	26.00
27.00	OTHER NON REIMBURSEABLE	0	13,676,642	13,676,642	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	619,538,720	687,554,948	1,307,093,668	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		309,609,560		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		309,609,560		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0109

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

Worksheet G-3

Date/Time Prepared:
5/30/2019 2:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,307,093,668	1.00
2.00	Less contractual allowances and discounts on patients' accounts	964,228,325	2.00
3.00	Net patient revenues (line 1 minus line 2)	342,865,343	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	309,609,560	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,255,783	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	7,723,712	24.00
25.00	Total other income (sum of lines 6-24)	7,723,712	25.00
26.00	Total (line 5 plus line 25)	40,979,495	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	40,979,495	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet H

HHA CCN: 15-7124

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	669,545	0	8,250	94,655	129,755	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	846,572	0	69,648	610	85	6.00
7.00	Physical Therapy	499,252	0	40,566	58,554	0	7.00
8.00	Occupational Therapy	250,822	0	20,541	0	0	8.00
9.00	Speech Pathology	34,728	0	3,386	0	0	9.00
10.00	Medical Social Services	2,522	0	2	0	0	10.00
11.00	Home Health Aide	56,972	0	22,888	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	68,608	12.00
13.00	Drugs	422	0	122	20	248,278	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	939,204	291	11,993	126,649	3,005,652	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,300,039	291	177,396	280,488	3,452,378	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	902,205	-596	901,609		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	916,915	0	916,915		6.00
7.00	Physical Therapy	0	598,372	0	598,372		7.00
8.00	Occupational Therapy	0	271,363	0	271,363		8.00
9.00	Speech Pathology	0	38,114	0	38,114		9.00
10.00	Medical Social Services	0	2,524	0	2,524		10.00
11.00	Home Health Aide	0	79,860	0	79,860		11.00
12.00	Supplies (see instructions)	0	68,608	0	68,608		12.00
13.00	Drugs	0	248,842	0	248,842		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	4,083,789	0	4,083,789		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	7,210,592	-596	7,209,996		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part I Date/Time Prepared: 5/30/2019 2:39 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	901,609	0	0	0	901,609	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	916,915	0	0	0	916,915	6.00
7.00	Physical Therapy	598,372	0	0	0	598,372	7.00
8.00	Occupational Therapy	271,363	0	0	0	271,363	8.00
9.00	Speech Pathology	38,114	0	0	0	38,114	9.00
10.00	Medical Social Services	2,524	0	0	0	2,524	10.00
11.00	Home Health Aide	79,860	0	0	0	79,860	11.00
12.00	Supplies (see instructions)	68,608	0	0	0	68,608	12.00
13.00	Drugs	248,842	0	0	0	248,842	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	4,083,789	0	0	0	4,083,789	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,209,996	0	0	0	7,209,996	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	901,609					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	131,047	1,047,962				6.00
7.00	Physical Therapy	85,521	683,893				7.00
8.00	Occupational Therapy	38,784	310,147				8.00
9.00	Speech Pathology	5,447	43,561				9.00
10.00	Medical Social Services	361	2,885				10.00
11.00	Home Health Aide	11,414	91,274				11.00
12.00	Supplies (see instructions)	9,806	78,414				12.00
13.00	Drugs	35,565	284,407				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	583,664	4,667,453				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		7,209,996				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part II Date/Time Prepared: 5/30/2019 2:39 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-901,609	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-901,609	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2018

Part I
Date/Time Prepared: 5/30/2019 2:39 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	1,158,211	0	435,199	1.00
2.00 Skilled Nursing Care	1,047,962	0	0	0	0	0	2.00
3.00 Physical Therapy	683,893	0	0	0	0	0	3.00
4.00 Occupational Therapy	310,147	0	0	0	0	0	4.00
5.00 Speech Pathology	43,561	0	0	0	0	0	5.00
6.00 Medical Social Services	2,885	0	0	0	0	0	6.00
7.00 Home Health Aide	91,274	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	78,414	0	0	0	0	0	8.00
9.00 Drugs	284,407	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	4,667,453	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	7,209,996	0	0	1,158,211	0	435,199	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	10,362	826	43,686	1,648,284	178,666	0	1.00
2.00 Skilled Nursing Care	0	0	0	1,047,962	122,781	0	2.00
3.00 Physical Therapy	0	0	0	683,893	80,126	0	3.00
4.00 Occupational Therapy	0	0	0	310,147	36,337	0	4.00
5.00 Speech Pathology	0	0	0	43,561	5,104	0	5.00
6.00 Medical Social Services	0	0	0	2,885	338	0	6.00
7.00 Home Health Aide	0	0	0	91,274	10,694	0	7.00
8.00 Supplies (see instructions)	0	0	0	78,414	9,187	0	8.00
9.00 Drugs	0	0	0	284,407	33,322	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	4,667,453	546,851	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	10,362	826	43,686	8,858,280	1,023,406	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet H-2 Part I

HHA CCN: 15-7124

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	126,658	244,502	7,963	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	126,658	244,502	7,963	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	NURSING SCHOOL	PHARMACY RESIDENCY	EMS EDUCATION	
		15.00	16.00	17.00	20.00	23.00	23.01	
1.00	Administrative and General	0	18,287	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	18,287	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7124

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	2,224,360	0	2,224,360				1.00
2.00 Skilled Nursing Care	1,170,743	0	1,170,743	323,308	1,494,051		2.00
3.00 Physical Therapy	764,019	0	764,019	210,988	975,007		3.00
4.00 Occupational Therapy	346,484	0	346,484	95,684	442,168		4.00
5.00 Speech Pathology	48,665	0	48,665	13,439	62,104		5.00
6.00 Medical Social Services	3,223	0	3,223	890	4,113		6.00
7.00 Home Health Aide	101,968	0	101,968	28,159	130,127		7.00
8.00 Supplies (see instructions)	87,601	0	87,601	24,192	111,793		8.00
9.00 Drugs	317,729	0	317,729	87,743	405,472		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	5,214,304	0	5,214,304	1,439,957	6,654,261		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	10,279,096	0	10,279,096	2,224,360	10,279,096		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.276156			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 2:39 pm
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		Home Health Agency I	PPS
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUIS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	3,300,039	0	82,279	165,291	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	3,300,039	0	82,279	165,291	20.00
21.00 Total cost to be allocated	0	0	1,158,211	0	435,199	10,362	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.350969	0.000000	5.289308	0.062689	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	9,836,902	9,836,902	-123,338	1,524,946	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	1,047,962	0	0	2.00
3.00 Physical Therapy	0	0	0	683,893	0	0	3.00
4.00 Occupational Therapy	0	0	0	310,147	0	0	4.00
5.00 Speech Pathology	0	0	0	43,561	0	0	5.00
6.00 Medical Social Services	0	0	0	2,885	0	0	6.00
7.00 Home Health Aide	0	0	0	91,274	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	78,414	0	0	8.00
9.00 Drugs	0	0	0	284,407	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	4,667,453	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,836,902	9,836,902		8,734,942	0	0	20.00
21.00 Total cost to be allocated	826	43,686		1,023,406	0	0	21.00
22.00 Unit cost multiplier	0.000084	0.004441		0.117162	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 2:39 pm
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		Home Health Agency I					PPS	
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	82,279	82,279	165,291	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	82,279	82,279	165,291	0	20.00
21.00	Total cost to be allocated	0	0	126,658	244,502	7,963	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.539372	2.971621	0.048176	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
		16.00	17.00	20.00	23.00	23.01		
1.00	Administrative and General	9,836,902	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,836,902	0	0	0	0	0	20.00
21.00	Total cost to be allocated	18,287	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.001859	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 2:39 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	1,494,051		1,494,051	7,840	190.57	1.00	
2.00	Physical Therapy	3.00	975,007	0	975,007	5,236	186.21	2.00	
3.00	Occupational Therapy	4.00	442,168	0	442,168	1,846	239.53	3.00	
4.00	Speech Pathology	5.00	62,104	0	62,104	271	229.17	4.00	
5.00	Medical Social Services	6.00	4,113		4,113	74	55.58	5.00	
6.00	Home Health Aide	7.00	130,127		130,127	1,181	110.18	6.00	
7.00	Total (sum of lines 1-6)		3,107,570	0	3,107,570	16,448		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		23844	0	688			8.00	
8.01	Skilled Nursing Care		26900	0	4			8.01	
8.02	Skilled Nursing Care		29200	0	1,698			8.02	
8.03	Skilled Nursing Care		99915	0	1,967			8.03	
9.00	Physical Therapy		23844	0	515			9.00	
9.01	Physical Therapy		26900	0	1			9.01	
9.02	Physical Therapy		29200	0	1,219			9.02	
9.03	Physical Therapy		99915	0	1,333			9.03	
10.00	Occupational Therapy		23844	0	215			10.00	
10.01	Occupational Therapy		26900	0	1			10.01	
10.02	Occupational Therapy		29200	0	477			10.02	
10.03	Occupational Therapy		99915	0	388			10.03	
11.00	Speech Pathology		23844	0	38			11.00	
11.01	Speech Pathology		26900	0	0			11.01	
11.02	Speech Pathology		29200	0	53			11.02	
11.03	Speech Pathology		99915	0	53			11.03	
12.00	Medical Social Services		23844	0	5			12.00	
12.01	Medical Social Services		26900	0	0			12.01	
12.02	Medical Social Services		29200	0	22			12.02	
12.03	Medical Social Services		99915	0	21			12.03	
13.00	Home Health Aide		23844	0	271			13.00	
13.01	Home Health Aide		26900	0	0			13.01	
13.02	Home Health Aide		29200	0	197			13.02	
13.03	Home Health Aide		99915	0	345			13.03	
14.00	Total (sum of lines 8-13)			0	9,511			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	111,793	0	111,793	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	405,472	0	405,472	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 2:39 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Visits			Cost of Services					
	Part A	Part B		Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	4,357		0	830,313		1.00	
2.00	Physical Therapy	0	3,068		0	571,292		2.00	
3.00	Occupational Therapy	0	1,081		0	258,932		3.00	
4.00	Speech Pathology	0	144		0	33,000		4.00	
5.00	Medical Social Services	0	48		0	2,668		5.00	
6.00	Home Health Aide	0	813		0	89,576		6.00	
7.00	Total (sum of lines 1-6)	0	9,511		0	1,785,781		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
14.00	Total (sum of lines 8-13)							14.00	
Program Covered Charges									
Cost Center Description	Part A	Part B		Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
		6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Total Program Cost (sum of col.s. 9-10)		
	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
Cost Per Visit Computation			
1.00	Skilled Nursing Care	830,313	1.00
2.00	Physical Therapy	571,292	2.00
3.00	Occupational Therapy	258,932	3.00
4.00	Speech Pathology	33,000	4.00
5.00	Medical Social Services	2,668	5.00
6.00	Home Health Aide	89,576	6.00
7.00	Total (sum of lines 1-6)	1,785,781	7.00
	Cost Center Description		
		12.00	
Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet H-3

HHA CCN: 15-7124

To 12/31/2018

Part II
Date/Time Prepared:
5/30/2019 2:39 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.439427	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.259159	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.349447	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.131408	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.120325	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	21.242324	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,693,781
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	80,093
13.00	Total PPS Reimbursement - LUPA Episodes		0	42,204
14.00	Total PPS Reimbursement - PEP Episodes		0	11,895
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	17,187
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,112
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,847,272
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,847,272
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,847,272
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,847,272
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	1,847,272
31.01	Sequestration adjustment (see instructions)		0	36,946
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	1,810,326
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0109
HHA CCN: 15-7124

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

Worksheet H-5
Date/Time Prepared:
5/30/2019 2:39 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,810,326	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,810,326	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,810,326	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0109 Hospice CCN: 15-1563		Period: From 01/01/2018 To 12/31/2018		Worksheet 0 Date/Time Prepared: 5/30/2019 2:39 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		907	907	0	907	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	405,453	25,985	431,438	0	431,438	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	72,574	0	72,574	0	72,574	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	3,687	3,687	0	3,687	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	40,737	0	40,737	0	40,737	13.00
14.00	PHARMACY*	0	232	232	0	232	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	123,457	123,457	0	123,457	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		975	975	0	975	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	862,274	0	862,274	0	862,274	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	154,670	0	154,670	0	154,670	33.00
34.00	SPIRITUAL COUNSELING**	120,847	0	120,847	0	120,847	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	137,732	0	137,732	0	137,732	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	244,953	244,953	0	244,953	38.00
39.00	PATIENT TRANSPORTATION**	0	4,560	4,560	0	4,560	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	51,165	51,165	0	51,165	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	506,806	506,806	0	506,806	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	78,705	1,260,239	1,338,944	0	1,338,944	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,872,992	2,222,966	4,095,958	0	4,095,958	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	907	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-305	431,133	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	72,574	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	3,687	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	40,737	13.00
14.00	PHARMACY*	0	232	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	123,457	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	975	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	862,274	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	154,670	33.00
34.00	SPIRITUAL COUNSELING**	0	120,847	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	137,732	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	244,953	38.00
39.00	PATIENT TRANSPORTATION**	0	4,560	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	51,165	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	506,806	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	1,338,944	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-305	4,095,653	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-1

Hospice CCN: 15-1563

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	604	0	604	0	604	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	604	0	604	0	604	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	604	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	604	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/30/2019 2:39 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	859,524	0	859,524	0	859,524	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	150,768	0	150,768	0	150,768	33.00
34.00	SPIRITUAL COUNSELING	119,889	0	119,889	0	119,889	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	137,732	0	137,732	0	137,732	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	244,953	244,953	0	244,953	38.00
39.00	PATIENT TRANSPORTATION	0	3,475	3,475	0	3,475	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	51,165	51,165	0	51,165	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	506,806	506,806	0	506,806	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	78,705	1,260,239	1,338,944	0	1,338,944	46.00
100.00	TOTAL *	1,346,618	2,066,638	3,413,256	0	3,413,256	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	859,524	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	150,768	33.00
34.00	SPIRITUAL COUNSELING	0	119,889	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	137,732	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	244,953	38.00
39.00	PATIENT TRANSPORTATION	0	3,475	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	51,165	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	506,806	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,338,944	46.00
100.00	TOTAL *	0	3,413,256	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-3

Hospice CCN: 15-1563

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	727	0	727	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,610	0	2,610	0	33.00
34.00	SPIRITUAL COUNSELING	888	0	888	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,085	1,085	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	4,225	1,085	5,310	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	727
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	2,610
34.00	SPIRITUAL COUNSELING	0	888
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	1,085
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	5,310

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/30/2019 2:39 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		975	975	0	975	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,419	0	1,419	0	1,419	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,292	0	1,292	0	1,292	33.00
34.00	SPIRITUAL COUNSELING	70	0	70	0	70	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,781	975	3,756	0	3,756	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	975	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,419	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,292	33.00
34.00	SPIRITUAL COUNSELING	0	70	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,756	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 15-1563

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	907	115,636	116,543	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	35,108	35,108	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	657,362	657,362	3.00
4.00	ADMINISTRATIVE & GENERAL	431,133	1,118,371	1,549,504	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	112,921	112,921	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	47,643	47,643	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	72,574	178,042	250,616	9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,687	2,643	6,330	10.00
11.00	MEDICAL RECORDS	0	37,657	37,657	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	40,737	0	40,737	13.00
14.00	PHARMACY	232	0	232	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	123,457	0	123,457	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	604	0	604	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,413,256	0	3,413,256	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	5,310	0	5,310	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,756	0	3,756	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	4,095,653	2,305,383	6,401,036	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	116,543	116,543			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,108		35,108		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	657,362	0	0	657,362	3.00
4.00	ADMINISTRATIVE & GENERAL	1,549,504	0	0	0	1,549,504
5.00	PLANT OPERATION & MAINTENANCE	112,921	0	0	0	112,921
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	47,643	0	0	0	47,643
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	250,616	0	0	0	250,616
10.00	ROUTINE MEDICAL SUPPLIES	6,330	0	0	0	6,330
11.00	MEDICAL RECORDS	37,657	0	0	0	37,657
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	40,737	0	0	0	40,737
14.00	PHARMACY	232	0	0	0	232
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	123,457	0	0	0	123,457
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	604			0	604
51.00	HOSPICE ROUTINE HOME CARE	3,413,256			0	3,413,256
52.00	HOSPICE INPATIENT RESPIRE CARE	5,310	0	0	0	5,310
53.00	HOSPICE GENERAL INPATIENT CARE	3,756	116,543	35,108	657,362	812,769
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	6,401,036	116,543	35,108	657,362	6,401,036

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	1,549,504					4.00
5.00	36,065	148,986				5.00
6.00	0	0	0			6.00
7.00	15,216	0		62,859		7.00
8.00	0	0		0	0	8.00
9.00	80,043	0		0		9.00
10.00	2,022	0		0		10.00
11.00	12,027	0		0		11.00
12.00	0	0		0		12.00
13.00	13,011	0		0		13.00
14.00	74	0		0		14.00
15.00	39,430	0		0		15.00
16.00	0	0		0		16.00
17.00	0	0		0		17.00
LEVEL OF CARE						
50.00	193					50.00
51.00	1,090,142					51.00
52.00	1,696	0	0	0	0	52.00
53.00	259,585	148,986	0	62,859	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	1,549,504	148,986	0	62,859	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	330,659					9.00
10.00	0	8,352				10.00
11.00	0		49,684			11.00
12.00	0			0		12.00
13.00	0			0	53,748	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
LEVEL OF CARE						
50.00	0	0	2	0	2	50.00
51.00	0	8,321	49,494	0	53,543	51.00
52.00	0	20	120	0	130	52.00
53.00	330,659	11	68	0	73	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	330,659	8,352	49,684	0	53,748	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2018

Part I
Date/Time Prepared:
5/30/2019 2:39 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	306					14.00
15.00	0	162,887				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	5	0		806	50.00
51.00	305	162,265	0		4,777,326	51.00
52.00	1	395	0	0	7,672	52.00
53.00	0	222	0	0	1,615,232	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	306	162,887	0	0	6,401,036	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	3,809					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,809				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,872,993			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,549,504	4,851,532	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	112,921	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	47,643	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	250,616	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	6,330	10.00
11.00	MEDICAL RECORDS	0	0	0	0	37,657	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	40,737	13.00
14.00	PHARMACY	0	0	0	0	232	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	123,457	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	604	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	3,413,256	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	5,310	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,809	3,809	1,872,993	0	812,769	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	116,543	35,108	657,362		1,549,504	100.00
101.00	UNIT COST MULTIPLIER	30.596745	9.217117	0.350969		0.319384	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0109

Period:
From 01/01/2018

Worksheet 0-6
Part II

Hospice CCN: 15-1563

To 12/31/2018

Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,809					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3,809			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		59,914	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,809	0	3,809	0	59,914	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	148,986	0	62,859	0	330,659	100.00
101.00	UNIT COST MULTIPLIER	39.114203	0.000000	16.502757	0.000000	5.518894	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2018

Part II
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	30,112					10.00
11.00	MEDICAL RECORDS		30,112				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	30,112		13.00
14.00	PHARMACY			0	0	30,112	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	1	1	0	1	1	50.00
51.00	HOSPICE ROUTINE HOME CARE	29,997	29,997	0	29,997	29,997	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	73	73	0	73	73	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	41	41	0	41	41	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	8,352	49,684	0	53,748	306	100.00
101.00	UNIT COST MULTIPLIER	0.277365	1.649973	0.000000	1.784936	0.010162	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/30/2019 2:39 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30,112				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	29,997	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	73	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	41	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	162,887	0	0		100.00
101.00	UNIT COST MULTIPLIER	5.409372	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-7

Hospice CCN: 15-1563

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

Cost Center Descriptions		From Wkst. C, Part 1, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.439427	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.259159	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.349447	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.120325	0	0	0	4.00
4.01	DIABETES CENTER	73.01	21.242324	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.099849	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.131408	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.097296	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	1.179397	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	DIABETES CENTER	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109

Period: From 01/01/2018

Worksheet 0-8

Hospice CCN: 15-1563

To 12/31/2018

Date/Time Prepared: 5/30/2019 2:39 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			806
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			1
3.00	Total average cost per diem (line 1 divided by line 2)			806.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)			
5.00	Program cost (line 3 times line 4)	1 806	0	
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			4,777,326
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			29,997
8.00	Total average cost per diem (line 6 divided by line 7)			159.26
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)			
10.00	Program cost (line 8 times line 9)	28,075 4,471,225	0	
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			7,672
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			73
13.00	Total average cost per diem (line 11 divided by line 12)			105.10
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)			
15.00	Program cost (line 13 times line 14)	52 5,465	0	
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,615,232
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			41
18.00	Total average cost per diem (line 16 divided by line 17)			39,395.90
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)			
20.00	Program cost (line 18 times line 19)	14 551,543	0	
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			6,401,036
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			30,112
23.00	Average cost per diem (line 21 divided by line 22)			212.57

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 2:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,474,143	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		193,505	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)		115.76	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.14	8.00
9.00	Sum of lines 7 and 8		29.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.10	10.00
11.00	Disproportionate share adjustment (see instructions)		211,923	11.00
12.00	Total prospective capital payments (see instructions)		3,879,571	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