

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: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/28/2019 7:03 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/28/2019 Time: 7:03 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOSHEN HOSPITAL (15-0026) 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	27,314	79,330	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	27,314	79,330	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0026		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 7:03 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00 Street: 200 HIGH PARK AVENUE		PO Box:										
2.00 City: GOSHEN		State: IN		Zip Code: 46526		County: ELKHART						
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:												
3.00 Hospital		GOSHEN HOSPITAL		150026	21140	1	07/11/1966	N	P	O	3.00	
4.00 Subprovider - IPF											4.00	
5.00 Subprovider - IRF											5.00	
6.00 Subprovider - (Other)											6.00	
7.00 Swing Beds - SNF											7.00	
8.00 Swing Beds - NF											8.00	
9.00 Hospital-Based SNF											9.00	
10.00 Hospital-Based NF											10.00	
11.00 Hospital-Based OLTC											11.00	
12.00 Hospital-Based HHA		CARE AT HOME SERVICES		157174	21140		04/17/1986	N	P	N	12.00	
13.00 Separately Certified ASC											13.00	
14.00 Hospital-Based Hospice		CARE AT HOME HOSPICE SERVICES		151527	21140		04/17/1986				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)							2			21.00		
							1.00	2.00	3.00			
Inpatient PPS Information												
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N				22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y				22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N				22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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.							1	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.				0	594	0	0	3,850	128		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 7:03 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0026

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0026

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

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

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						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		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.							109.00	
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N					110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 7:03 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,111,493	25,000			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 7:03 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
165.00	Multi campus 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
				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)			10/01/2013	09/30/2014		
				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		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 7:03 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	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
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)			Y	05/29/2019	Y	05/29/2019
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 7:03 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		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		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.	DAVE	MCCLUNG		41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	641-494-2144	DAVI D. MCCLUNG@RSMUS.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 7:03 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	110	40,150	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)		110	40,150	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		122	44,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		122				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: 15-0026

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,796	453	18,155			1.00
2.00 HMO and other (see instructions)	1,504	3,850				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,796	453	18,155			7.00
8.00 INTENSIVE CARE UNIT	1,242	80	3,208			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		61	2,452			13.00
14.00 Total (see instructions)	8,038	594	23,815	0.00	1,059.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	7,193	0	14,733	0.00	37.20	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	14.85	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,111.20	27.00
28.00 Observation Bed Days		361	2,726			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	128	277			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: 15-0026

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 7:03 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	1,752	232	6,972	1.00
2.00 HMO and other (see instructions)			348	1,615		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,752	232	6,972	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 7:03 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	74,537,482	0	74,537,482	2,311,256.00	32.25
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		252,550	0	252,550	2,873.00	87.90
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		5,976,105	0	5,976,105	27,495.00	217.35
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)		5,801,478	140,019	5,941,497	202,385.00	29.36
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		73,497	0	73,497	1,250.00	58.80
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		641,148	0	641,148	2,998.00	213.86
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		0	0	0	0.00	0.00
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)		26,436,276	0	26,436,276		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,564,853	0	2,564,853		
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		42,973	0	42,973		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		411,325	0	411,325		
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)		0	0	0		
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	715,381	0	715,381	19,653.00	36.40
27.00	Administrative & General	5.00	12,199,590	-140,019	12,059,571	365,267.00	33.02

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 7:03 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.)		940,601	0	940,601	4,830.00	194.74	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	812,713	0	812,713	31,743.00	25.60	30.00
31.00	Laundry & Linen Service	8.00	37,176	0	37,176	2,905.00	12.80	31.00
32.00	Housekeeping	9.00	848,905	0	848,905	61,622.00	13.78	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	769,957	-513,465	256,492	18,190.00	14.10	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	513,465	513,465	36,414.00	14.10	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,236,387	0	2,236,387	62,699.00	35.67	38.00
39.00	Central Services and Supply	14.00	227,764	0	227,764	12,788.00	17.81	39.00
40.00	Pharmacy	15.00	1,449,132	0	1,449,132	34,357.00	42.18	40.00
41.00	Medical Records & Medical Records Library	16.00	1,385,403	0	1,385,403	53,156.00	26.06	41.00
42.00	Social Service	17.00	952,353	0	952,353	30,359.00	31.37	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 7:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	69,501,978	0	69,501,978	2,288,591.00	30.37	1.00
2.00	Excluded area salaries (see instructions)	5,801,478	140,019	5,941,497	202,385.00	29.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	63,700,500	-140,019	63,560,481	2,086,206.00	30.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	714,645	0	714,645	4,248.00	168.23	4.00
5.00	Subtotal wage-related costs (see inst.)	26,479,249	0	26,479,249	0.00	41.66	5.00
6.00	Total (sum of lines 3 thru 5)	90,894,394	-140,019	90,754,375	2,090,454.00	43.41	6.00
7.00	Total overhead cost (see instructions)	22,575,362	-140,019	22,435,343	733,983.00	30.57	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0026

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/28/2019 7:03 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,564,384	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,466,802	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	17,381,415	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	391,320	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	141,376	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)	233,566	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	3,124	14.00
15.00	'Workers' Compensation Insurance	796,765	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,958,349	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	29,240	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	63,164	22.00
23.00	Tuition Reimbursement	425,923	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,455,428	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: 15-0026

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,014,098	29,455,428	1.00
2.00	Hospital	1,014,098	29,455,428	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0026 Component CCN: 15-7174		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/28/2019 7:03 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			ELKHART		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,002	13	2,650	3,665	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	370.00	46.00	365.00	749.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.76	0.00	0.76	3.00
4.00	Director(s) and Assistant Director(s)			0.96	0.00	0.96	4.00
5.00	Other Administrative Personnel			0.10	0.00	0.10	5.00
6.00	Direct Nursing Service			10.80	0.00	10.80	6.00
7.00	Nursing Supervisor			0.92	0.00	0.92	7.00
8.00	Physical Therapy Service			3.44	0.00	3.44	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.93	0.00	0.93	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.40	0.00	0.40	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.99	0.00	1.99	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.08	0.00	2.08	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			21140			20.00
20.01				23060			20.01
20.02				99915			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,037	538	117	41	3,733	21.00
22.00	Skilled Nursing Visit Charges	586,048	103,637	22,846	8,103	720,634	22.00
23.00	Physical Therapy Visits	1,296	218	11	9	1,534	23.00
24.00	Physical Therapy Visit Charges	277,447	46,731	2,384	1,951	328,513	24.00
25.00	Occupational Therapy Visits	530	128	8	3	669	25.00
26.00	Occupational Therapy Visit Charges	110,656	26,554	1,734	650	139,594	26.00
27.00	Speech Pathology Visits	63	19	0	0	82	27.00
28.00	Speech Pathology Visit Charges	14,459	4,361	0	0	18,820	28.00
29.00	Medical Social Service Visits	156	83	6	5	250	29.00
30.00	Medical Social Service Visit Charges	42,435	22,533	1,645	1,371	67,984	30.00
31.00	Home Health Aide Visits	740	160	2	23	925	31.00
32.00	Home Health Aide Visit Charges	72,847	16,320	204	2,346	91,717	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,822	1,146	144	81	7,193	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,103,892	220,136	28,813	14,421	1,367,262	35.00
36.00	Total Number of Episodes (standard/non outlier)	367		53	5	425	36.00
37.00	Total Number of Outlier Episodes		36		1	37	37.00
38.00	Total Non-Routine Medical Supply Charges	147,904	31,855	3,749	1,066	184,574	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0026
Hospice CCN: 15-1527

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/28/2019 7:03 pm

		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	0	0	0	0	10.00
11.00	Hospice Routine Home Care	16,414	0	2,112	18,526	11.00
12.00	Hospice Inpatient Respite Care	55	0	5	60	12.00
13.00	Hospice General Inpatient Care	158	0	74	232	13.00
14.00	Total Hospice Days	16,627	0	2,191	18,818	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: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 7:03 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)		0.266344	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,370,019	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		69,914,397	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,621,280	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)		9,251,261	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)		9,251,261	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)	7,217,226	1,804,047	9,021,273	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,922,265	1,804,047	3,726,312	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,922,265	1,804,047	3,726,312	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)			984,395	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			210,232	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			323,434	27.01
28.00	Non-Medicare bad debt expense (see instructions)			660,961	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			289,245	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,015,557	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,266,818	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

Worksheet A
Date/Time Prepared:
5/28/2019 7:03 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		13,312,440	13,312,440	-7,808,145	5,504,295	1.00
2.00	00200		0	0	7,385,662	7,385,662	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	715,381	26,905,151	27,620,532	770,496	28,391,028	4.00
5.01	00580	941,886	1,707,809	2,649,695	0	2,649,695	5.01
5.02	00590	11,257,704	44,227,194	55,484,898	944,742	56,429,640	5.02
6.00	00600	0	0	0	0	0	6.00
7.00	00700	812,713	2,921,629	3,734,342	0	3,734,342	7.00
8.00	00800	37,176	592,497	629,673	0	629,673	8.00
9.00	00900	848,905	625,814	1,474,719	0	1,474,719	9.00
10.00	01000	769,957	483,520	1,253,477	-836,007	417,470	10.00
11.00	01100	0	0	0	835,912	835,912	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,236,387	1,018,328	3,254,715	-4,335	3,250,380	13.00
14.00	01400	227,764	460,087	687,851	-17,489	670,362	14.00
15.00	01500	1,449,132	9,122,370	10,571,502	-8,846,213	1,725,289	15.00
16.00	01600	1,385,403	2,238,282	3,623,685	0	3,623,685	16.00
17.00	01700	952,353	31,291	983,644	0	983,644	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	286,806	286,806	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,693,121	1,111,723	8,804,844	1,076,265	9,881,109	30.00
31.00	03100	2,240,727	455,716	2,696,443	-176,463	2,519,980	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,132,232	549,698	3,681,930	-3,340,884	341,046	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,460,297	14,067,695	18,527,992	-10,115,441	8,412,551	50.00
51.00	05100	675,843	68,077	743,920	-38,360	705,560	51.00
52.00	05200	0	0	0	1,827,395	1,827,395	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	1,062,657	1,062,657	0	1,062,657	53.01
54.00	05400	3,964,954	2,866,046	6,831,000	-428,922	6,402,078	54.00
55.00	05500	10,342,692	26,347,767	36,690,459	-20,623,851	16,066,608	55.00
56.00	05600	414,256	1,112,775	1,527,031	-213,102	1,313,929	56.00
56.01	05601	1,329,220	5,603,390	6,932,610	-4,688,285	2,244,325	56.01
57.00	05700	506,872	568,901	1,075,773	-68,017	1,007,756	57.00
58.00	05800	467,804	122,243	590,047	-8,760	581,287	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,924,222	4,505,206	7,429,428	-1,639,609	5,789,819	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	636,931	636,931	-66,816	570,115	63.00
64.00	06400	188,572	39,970	228,542	-30,396	198,146	64.00
65.00	06500	1,597,491	398,741	1,996,232	-13,755	1,982,477	65.00
66.00	06600	3,119,752	519,772	3,639,524	-1,125,068	2,514,456	66.00
67.00	06700	0	0	0	713,036	713,036	67.00
68.00	06800	0	0	0	405,869	405,869	68.00
69.00	06900	233,743	111,239	344,982	-1,486	343,496	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	9,795,218	9,795,218	71.00
72.00	07200	0	0	0	8,666,589	8,666,589	72.00
73.00	07300	0	0	0	29,268,443	29,268,443	73.00
74.00	07400	0	237,942	237,942	0	237,942	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	204,005	6,575	210,580	0	210,580	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	446,652	262,897	709,549	-62,368	647,181	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

Worksheet A
Date/Time Prepared:
5/28/2019 7:03 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	
90.02	09002	WOUND CLINIC	4,010	1,711,699	1,715,709	-186,800	1,528,909	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,154,778	893,961	4,048,739	-180,290	3,868,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,591,346	491,540	3,082,886	-52,446	3,030,440	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		968,455	968,455	-968,455	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	970,052	1,220,922	2,190,974	-329,163	1,861,811	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,297,402	169,588,950	241,886,352	105,507	241,991,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,218,938	628,503	1,847,441	-20,314	1,827,127	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	650,007	4,748,677	5,398,684	-85,193	5,313,491	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	9,680	1,578,009	1,587,689	0	1,587,689	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	1,353	1,353	0	1,353	190.08
191.00	19100	RESEARCH	361,455	134,777	496,232	0	496,232	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	74,537,482	176,680,269	251,217,751	0	251,217,751	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

Worksheet A
Date/Time Prepared:
5/28/2019 7:03 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	-4,703,476	800,819	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,329,387	5,056,275	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,675,336	26,715,692	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,649,695	5.01
5.02	00590	OTHER ADMIN & GENERAL	-41,621,325	14,808,315	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,295	3,733,047	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	629,673	8.00
9.00	00900	HOUSEKEEPING	0	1,474,719	9.00
10.00	01000	DIETARY	0	417,470	10.00
11.00	01100	CAFETERIA	-337,528	498,384	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,250,380	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	670,362	14.00
15.00	01500	PHARMACY	0	1,725,289	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-45,102	3,578,583	16.00
17.00	01700	SOCIAL SERVICE	0	983,644	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM	-165,502	121,304	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	9,881,109	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,010,621	1,509,359	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-2,795	338,251	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-11,440	8,401,111	50.00
51.00	05100	RECOVERY ROOM	0	705,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,827,395	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	-1,024,668	37,989	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,033,029	1,369,049	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,088,240	14,978,368	55.00
56.00	05600	RADIOISOTOPE	0	1,313,929	56.00
56.01	05601	CARDIAC CATH LAB	-484	2,243,841	56.01
57.00	05700	CT SCAN	0	1,007,756	57.00
58.00	05800	MRI	0	581,287	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-461,083	5,328,736	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	570,115	63.00
64.00	06400	INTRAVENOUS THERAPY	0	198,146	64.00
65.00	06500	RESPIRATORY THERAPY	-5,596	1,976,881	65.00
66.00	06600	PHYSICAL THERAPY	-5,714	2,508,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,291	711,745	67.00
68.00	06800	SPEECH PATHOLOGY	-1,676	404,193	68.00
69.00	06900	ELECTROCARDIOLOGY	-285	343,211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,795,218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,666,589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,268,443	73.00
74.00	07400	RENAL DIALYSIS	0	237,942	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	210,580	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-6,119	641,062	90.00
90.02	09002	WOUND CLINIC	0	1,528,909	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

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

Worksheet A
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	-134,039	3,734,410	92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	3,030,440	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	1,861,811	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-59,666,031	182,325,828	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,827,127	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	5,313,491	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,587,689	190.06
190.07	19007	FOUNDATION	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	1,353	190.08
191.00	19100	RESEARCH	0	496,232	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-59,666,031	191,551,720	200.00

RECLASSIFICATIONS

Provider CCN: 15-0026

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 7:03 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,795,218	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,666,589	2.00
3.00		0.00	0	0	3.00
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
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
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
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
39.00		0.00	0	0	39.00
0			0	18,461,807	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,268,443	1.00
2.00	HOME HEALTH AGENCY	101.00	0	639	2.00
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
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
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
0			0	29,269,082	
C - DIETARY					
1.00	CAFETERIA	11.00	513,465	322,447	1.00
0			513,465	322,447	
D - CAPITAL INSURANCE					
1.00	OTHER ADMIN & GENERAL	5.02	0	138,046	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	813,149	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	998,983	3.00
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	346	4.00
5.00	OTHER ADMIN & GENERAL	5.02	0	16,392	5.00
0			0	1,966,916	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	968,455	1.00
0			0	968,455	

RECLASSIFICATIONS

Provider CCN: 15-0026

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 7:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,385,316	1.00
2.00		0.00	0	0	2.00
			0	7,385,316	
G - CIRCLE OF CARE					
1.00	ADULTS & PEDIATRICS	30.00	1,236,292	177,691	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,597,752	229,643	2.00
			2,834,044	407,334	
H - COMMUNITY HEALTH					
1.00	COMMUNITY RELATIONS	190.04	140,019	63,118	1.00
			140,019	63,118	
I - EMT					
1.00	PARAMED ED PRGM	23.00	153,752	133,054	1.00
			153,752	133,054	
J - THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	658,438	54,598	1.00
2.00	SPEECH PATHOLOGY	68.00	353,676	52,193	2.00
			1,012,114	106,791	
500.00	Grand Total: Increases		4,653,394	59,084,320	500.00

RECLASSIFICATIONS

Provider CCN: 15-0026

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

Worksheet A-6
Date/Time Prepared:
5/28/2019 7:03 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	OTHER ADMIN & GENERAL	5.02	0	5,542	0	3.00	
7.00	DIETARY	10.00	0	95	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	3,544	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,489	0	9.00	
10.00	PHARMACY	15.00	0	25,934	0	10.00	
13.00	ADULTS & PEDIATRICS	30.00	0	337,450	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	176,205	0	14.00	
15.00	NURSERY	43.00	0	99,436	0	15.00	
16.00	OPERATING ROOM	50.00	0	10,114,634	0	16.00	
17.00	RECOVERY ROOM	51.00	0	38,360	0	17.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	401,342	0	19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	255,982	0	20.00	
21.00	RADIOISOTOPE	56.00	0	5,860	0	21.00	
22.00	CARDIAC CATH LAB	56.01	0	4,688,035	0	22.00	
23.00	CT SCAN	57.00	0	66,594	0	23.00	
24.00	MRI	58.00	0	4,483	0	24.00	
25.00	LABORATORY	60.00	0	1,639,545	0	25.00	
26.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	66,816	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	13,684	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	6,106	0	28.00	
31.00	ELECTROCARDIOLOGY	69.00	0	1,486	0	31.00	
32.00	CLINIC	90.00	0	3,663	0	32.00	
33.00	WOUND CLINIC	90.02	0	176,514	0	33.00	
34.00	EMERGENCY	91.00	0	176,962	0	34.00	
35.00	HOME HEALTH AGENCY	101.00	0	53,085	0	35.00	
36.00	HOSPICE	116.00	0	81,407	0	36.00	
37.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	23	0	37.00	
39.00	COMMUNITY RELATIONS	190.04	0	1,524	0	39.00	
			0	18,461,807			
B - PHARMACY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42,646	0	1.00	
2.00		0.00	0	0	0	2.00	
4.00	NURSING ADMINISTRATION	13.00	0	791	0	4.00	
5.00	PHARMACY	15.00	0	8,820,279	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	268	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	258	0	7.00	
8.00	NURSERY	43.00	0	70	0	8.00	
9.00	OPERATING ROOM	50.00	0	807	0	9.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,620	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,800,197	0	12.00	
13.00	RADIOISOTOPE	56.00	0	207,242	0	13.00	
14.00	CARDIAC CATH LAB	56.01	0	250	0	14.00	
15.00	CT SCAN	57.00	0	1,423	0	15.00	
16.00	MRI	58.00	0	4,277	0	16.00	
17.00	LABORATORY	60.00	0	64	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	30,396	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	71	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	57	0	20.00	
23.00	CLINIC	90.00	0	58,705	0	23.00	
24.00	WOUND CLINIC	90.02	0	10,286	0	24.00	
25.00	EMERGENCY	91.00	0	3,328	0	25.00	
27.00	HOSPICE	116.00	0	247,756	0	27.00	
28.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	20,291	0	28.00	
			0	29,269,082			
C - DIETARY							
1.00	DIETARY	10.00	513,465	322,447	0	1.00	
			513,465	322,447			
D - CAPITAL INSURANCE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,960	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	138,046	0	2.00	
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,820,910	12	3.00	
4.00		0.00	0	0	12	4.00	
5.00		0.00	0	0	0	5.00	
			0	1,966,916			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	968,455	11	1.00	
			0	968,455			

RECLASSIFICATIONS

Provider CCN: 15-0026

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 7:03 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
F - CAPITAL DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,955,690	9	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	429,626	0	2.00
	0		0	7,385,316		
G - CIRCLE OF CARE						
1.00	NURSERY	43.00	2,834,044	407,334	0	1.00
2.00		0.00	0	0	0	2.00
	0		2,834,044	407,334		
H - COMMUNITY HEALTH						
1.00	OTHER ADMIN & GENERAL	5.02	140,019	63,118	0	1.00
	0		140,019	63,118		
I - EMT						
1.00	COMMUNITY RELATIONS	190.04	153,752	133,054	0	1.00
	0		153,752	133,054		
J - THERAPY						
1.00	PHYSICAL THERAPY	66.00	1,012,114	106,791	0	1.00
2.00		0.00	0	0	0	2.00
	0		1,012,114	106,791		
500.00	Grand Total: Decreases		4,653,394	59,084,320		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,027,467	0	0	0	1.00
2.00	Land Improvements	2,736,366	0	0	0	2.00
3.00	Buildings and Fixtures	104,838,283	5,187,575	0	5,187,575	3.00
4.00	Building Improvements	36,948	0	0	0	4.00
5.00	Fixed Equipment	17,570,878	1,227,818	0	1,227,818	5.00
6.00	Movable Equipment	93,146,892	7,759,530	0	7,759,530	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	222,356,834	14,174,923	0	14,174,923	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	222,356,834	14,174,923	0	14,174,923	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,027,467	0			1.00
2.00	Land Improvements	2,736,366	0			2.00
3.00	Buildings and Fixtures	109,960,398	0			3.00
4.00	Building Improvements	36,948	0			4.00
5.00	Fixed Equipment	18,768,387	0			5.00
6.00	Movable Equipment	96,949,798	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	232,479,364	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	232,479,364	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 7:03 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	11,357,409	0	0	1,955,031	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)	11,357,409	0	0	1,955,031	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	13,312,440				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,312,440				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2019 7:03 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	135,529,566	0	135,529,566	0.582975	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	96,949,798	0	96,949,798	0.417025	0	2.00
3.00	Total (sum of lines 1-2)	232,479,364	0	232,479,364	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	2,954,582	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,385,316	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,339,898	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,287,884	134,121	0	0	800,819	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-2,329,387	346	0	0	5,056,275	2.00
3.00	Total (sum of lines 1-2)	-4,617,271	134,467	0	0	5,857,094	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 7:03 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	-3,256,339	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-2,329,387	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)	B	-83,208	OTHER ADMIN & GENERAL		5.02	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-1,330,722	OTHER ADMIN & GENERAL		5.02	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,447,137	CAP REL COSTS-BLDG & FIXT		1.00	9 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	-12,633,626				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	0				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-337,528	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	-45,102	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-392,546	OTHER ADMIN & GENERAL		5.02	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
33.01 EMT CLASS TUITION	B	-165,502	PARAMED ED PRGM	23.00		0	33.01
33.02 MISC ONCOLOGY REV	B	-219,519	RADIOLOGY-THERAPEUTIC	55.00		0	33.02
33.03 MISC A&G REVENUE	B	-18,436	OTHER ADMIN & GENERAL	5.02		0	33.03
33.04 PERSONAL AUTO USAGE	A	-36,581	OTHER ADMIN & GENERAL	5.02		0	33.04
33.05 ALCOHOLIC BEVERAGE	A	-708	OTHER ADMIN & GENERAL	5.02		0	33.05
33.06 LOBBYING EXPENSE	A	-12,864	OTHER ADMIN & GENERAL	5.02		0	33.06
33.07 SHARED A&G EXPENSE	A	-1,786,610	OTHER ADMIN & GENERAL	5.02		0	33.07
33.08 PRIMECARE ASSESSMENT (PHYSICIANS)	A	-27,112,532	OTHER ADMIN & GENERAL	5.02		0	33.08
33.09 MISC RADIOLOGY REV	B	-33,085	RADIOLOGY-DIAGNOSTIC	54.00		0	33.09
33.10 CARDIAC REHAB MISC INCOME	B	-285	ELECTROCARDIOLOGY	69.00		0	33.10
33.11 MISC LAB REV	B	-9,576	LABORATORY	60.00		0	33.11
33.12 NUTRITION EDUCATION MISC INCOME		0		0.00		0	33.12
33.13 HAF OFFSET	A	-8,378,328	OTHER ADMIN & GENERAL	5.02		0	33.13
33.14 MISC OPERATING ROOM REVENUE	B	-9,440	OPERATING ROOM	50.00		0	33.14
33.15 MISC PLANT OPERATIONS REVENUE	B	-1,295	OPERATION OF PLANT	7.00		0	33.15
33.16 MISC RESPIRATORY THERAPY REVENUE	B	-5,596	RESPIRATORY THERAPY	65.00		0	33.16
33.17 GOSH CCB REVENUE PRENATAL CLASSES	B	-2,795	NURSERY	43.00		0	33.17
33.18 GOSH REHAB - PEDIATRIC MISC INCOME	B	-5,714	PHYSICAL THERAPY	66.00		0	33.18
33.19 GOSH REHAB - PEDIATRIC MISC INCOME	B	-1,291	OCCUPATIONAL THERAPY	67.00		0	33.19
33.20 GOSH REHAB - PEDIATRIC MISC INCOME	B	-1,676	SPEECH PATHOLOGY	68.00		0	33.20
33.21 ENDOSCOPY MISC INCOME	B	-2,000	OPERATING ROOM	50.00		0	33.21
33.22 CATH LAB MISC INCOME	B	-484	CARDIAC CATH LAB	56.01		0	33.22
33.23 GOSH WC-GEN & ADMIN REV RENTAL INCOM		0		0.00		0	33.23
33.24 DIABETES EDUCATION MISC INCOME	B	-6,119	CLINIC	90.00		0	33.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-59,666,031					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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0026

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 7:03 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	5.02	OTHER ADMIN & GENERAL	2,518,274	2,468,790	49,484	211,500	586	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	3,171,205	2,992,138	179,066	271,900	1,331	2.00
3.00	60.00	LABORATORY	476,507	451,507	25,000	260,300	956	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,057,700	984,700	73,000	211,500	463	5.00
6.00	91.00	EMERGENCY	180,000	0	180,000	211,500	452	6.00
7.00	53.01	PAIN MANAGEMENT	1,096,668	1,024,668	72,000	211,500	795	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	2,011,602	1,870,415	141,187	27,100	681	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	948,069	773,109	174,960	271,900	607	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,675,336	1,675,336	0	0	0	11.00
200.00			13,135,361	12,240,663	894,697		5,871	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	5.02	OTHER ADMIN & GENERAL	59,586	2,979	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	173,990	8,700	0	0	0	2.00
3.00	60.00	LABORATORY	119,638	5,982	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	47,079	2,354	0	0	0	5.00
6.00	91.00	EMERGENCY	45,961	2,298	0	0	0	6.00
7.00	53.01	PAIN MANAGEMENT	80,838	4,042	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	8,873	444	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	79,348	3,967	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	11.00
200.00			615,313	30,766	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	5.02	OTHER ADMIN & GENERAL	0	59,586	0	2,468,790		1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	173,990	5,076	2,997,215		2.00
3.00	60.00	LABORATORY	0	119,638	0	451,507		3.00
4.00	0.00		0	0	0	0		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	47,079	25,921	1,010,621		5.00
6.00	91.00	EMERGENCY	0	45,961	134,039	134,039		6.00
7.00	53.01	PAIN MANAGEMENT	0	80,838	0	1,024,668		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	8,873	132,314	2,002,729		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	79,348	95,612	868,721		9.00
10.00	0.00		0	0	0	0		10.00
11.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	1,675,336		11.00
200.00			0	615,313	392,962	12,633,626		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
		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	800,819	800,819				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	5,056,275		5,056,275			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	26,715,692	9,197	1,366	26,726,255		4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE	2,649,695	13,219	0	340,997	3,003,911	5.01
5.02 00590 OTHER ADMIN & GENERAL	14,808,315	55,691	1,480,981	4,024,998	0	5.02
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	3,733,047	53,939	80,098	294,231	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	629,673	3,751	0	13,459	0	8.00
9.00 00900 HOUSEKEEPING	1,474,719	973	7,896	307,334	0	9.00
10.00 01000 DIETARY	417,470	4,369	3,637	92,859	0	10.00
11.00 01100 CAFETERIA	498,384	8,746	7,281	185,893	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,250,380	3,079	384,440	809,653	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	670,362	5,230	46,270	82,459	0	14.00
15.00 01500 PHARMACY	1,725,289	4,314	70,722	524,638	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,578,583	9,069	54,201	501,566	0	16.00
17.00 01700 SOCIAL SERVICE	983,644	2,169	958	344,786	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM	121,304	457	0	55,664	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,881,109	78,995	134,627	3,232,769	214,147	30.00
31.00 03100 INTENSIVE CARE UNIT	1,509,359	20,230	63,848	811,224	57,267	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	338,251	3,012	10,066	107,955	8,500	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,401,111	121,702	987,142	1,614,788	304,436	50.00
51.00 05100 RECOVERY ROOM	705,560	6,439	16,797	244,679	53,713	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,827,395	16,139	53,935	578,444	39,622	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	12,110	53.00
53.01 05301 PAIN MANAGEMENT	37,989	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,369,049	64,943	538,907	1,435,456	172,537	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	14,978,368	88,978	222,908	3,744,427	629,854	55.00
56.00 05600 RADIO SOTOPE	1,313,929	4,834	64,872	149,976	71,720	56.00
56.01 05601 CARDIAC CATH LAB	2,243,841	5,582	314,889	481,225	141,902	56.01
57.00 05700 CT SCAN	1,007,756	1,355	218	183,506	188,801	57.00
58.00 05800 MRI	581,287	3,067	181,848	169,362	35,791	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	5,328,736	11,799	82,287	1,058,674	182,973	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	570,115	841	0	0	7,467	63.00
64.00 06400 INTRAVENOUS THERAPY	198,146	0	679	68,270	22,364	64.00
65.00 06500 RESPIRATORY THERAPY	1,976,881	5,303	72,392	578,349	29,129	65.00
66.00 06600 PHYSICAL THERAPY	2,508,742	31,235	13,836	763,041	32,300	66.00
67.00 06700 OCCUPATIONAL THERAPY	711,745	4,351	1,435	238,378	11,443	67.00
68.00 06800 SPEECH PATHOLOGY	404,193	1,076	300	128,043	7,930	68.00
69.00 06900 ELECTROCARDIOLOGY	343,211	9,514	9,909	84,623	37,863	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,795,218	0	0	0	136,613	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,666,589	0	0	0	108,348	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	29,268,443	0	0	0	249,960	73.00
74.00 07400 RENAL DIALYSIS	237,942	0	0	0	566	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	210,580	9,364	0	73,857	736	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	641,062	4,428	16,225	161,704	7,334	90.00
90.02 09002 WOUND CLINIC	1,528,909	39,757	3,175	1,452	19,885	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	3,734,410	41,512	71,051	1,142,143	184,441	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	3,030,440	10,410	22,178	938,161	11,278	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	1,861,811	0	0	351,194	22,881	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	182,325,828	759,069	5,021,374	25,920,237	3,003,911	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	1,827,127	22,783	20,513	441,299	0	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	5,313,491	15,311	14,388	230,354	0	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	1,587,689	0	0	3,505	0	190.06
190.07 19007 FOUNDTION	0	3,656	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	1,353	0	0	0	0	190.08
191.00 19100 RESEARCH	496,232	0	0	130,860	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	191,551,720	800,819	5,056,275	26,726,255	3,003,911	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B
Part I
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Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590	20,369,985	20,369,985				5.02
6.00	00600	0	0	0			6.00
7.00	00700	4,161,315	495,180	0	4,656,495		7.00
8.00	00800	646,883	76,976	0	26,121	749,980	8.00
9.00	00900	1,790,922	213,113	0	6,774	0	9.00
10.00	01000	518,335	61,680	0	30,420	0	10.00
11.00	01100	700,304	83,333	0	60,896	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,447,552	529,241	0	21,440	0	13.00
14.00	01400	804,321	95,711	0	36,416	0	14.00
15.00	01500	2,324,963	276,661	0	30,038	0	15.00
16.00	01600	4,143,419	493,050	0	63,145	0	16.00
17.00	01700	1,331,557	158,450	0	15,104	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	177,425	21,113	0	3,182	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,541,647	1,611,402	0	550,019	190,355	30.00
31.00	03100	2,461,928	292,960	0	140,856	72,930	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	467,784	55,664	0	20,973	5,392	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,429,179	1,360,027	0	847,388	143,630	50.00
51.00	05100	1,027,188	122,231	0	44,831	0	51.00
52.00	05200	2,515,535	299,339	0	112,374	28,889	52.00
53.00	05300	12,110	1,441	0	0	0	53.00
53.01	05301	37,989	4,521	0	0	0	53.01
54.00	05400	3,580,892	426,112	0	452,183	38,672	54.00
55.00	05500	19,664,535	2,340,001	0	619,528	26,792	55.00
56.00	05600	1,605,331	191,028	0	33,658	16,075	56.00
56.01	05601	3,187,439	379,292	0	38,863	4,191	56.01
57.00	05700	1,381,636	164,409	0	9,433	42,317	57.00
58.00	05800	971,355	115,587	0	21,355	8,022	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	6,664,469	793,045	0	82,152	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	578,423	68,830	0	5,855	0	63.00
64.00	06400	289,459	34,444	0	0	0	64.00
65.00	06500	2,662,054	316,774	0	36,925	0	65.00
66.00	06600	3,349,154	398,536	0	217,479	0	66.00
67.00	06700	967,352	115,111	0	30,293	0	67.00
68.00	06800	541,542	64,441	0	7,495	0	68.00
69.00	06900	485,120	57,727	0	66,242	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	9,931,831	1,181,848	0	0	0	71.00
72.00	07200	8,774,937	1,044,182	0	0	0	72.00
73.00	07300	29,518,403	3,512,617	0	0	0	73.00
74.00	07400	238,508	28,381	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	294,537	35,049	0	65,196	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	830,753	98,856	0	30,830	0	90.00
90.02	09002	1,593,178	189,582	0	276,820	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	5,173,557	615,633	0	289,039	172,715	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A. 01	5. 02	6. 00	7. 00	8. 00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0					92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	4,012,467	477,468	0	72,479	0	101.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	2,235,886	266,061	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	181,443,159	19,167,107	0	4,365,802	749,980	118.00
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	2,311,722	275,086	0	158,633	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	5,573,544	663,229	0	106,604	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	1,591,194	189,346	0	0	0	190.06
190.07	19007 FOUNDTION	3,656	435	0	25,456	0	190.07
190.08	19008 GOSHEN GACC CLINIC	1,353	161	0	0	0	190.08
191.00	19100 RESEARCH	627,092	74,621	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118 through 201)	191,551,720	20,369,985	0	4,656,495	749,980	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	2,010,809					9.00
10.00	01000	13,230	623,665				10.00
11.00	01100	26,484	0	871,017			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	9,324	0	12,795	0	5,020,352	13.00
14.00	01400	15,837	0	23,950	0	0	14.00
15.00	01500	13,064	0	16,724	0	37,885	15.00
16.00	01600	27,462	0	25,874	0	36,095	16.00
17.00	01700	6,569	0	14,778	0	158,178	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,384	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	239,204	531,213	160,818	0	1,607,096	30.00
31.00	03100	61,259	92,452	33,754	0	526,245	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	9,121	0	5,016	0	671,238	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	368,529	0	72,395	0	718,542	50.00
51.00	05100	19,497	0	8,520	0	159,758	51.00
52.00	05200	48,872	0	26,876	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	196,655	0	167,144	0	368,892	54.00
55.00	05500	269,434	0	6,641	0	17,442	55.00
56.00	05600	14,638	0	0	0	0	56.00
56.01	05601	16,901	0	16,662	0	158,292	56.01
57.00	05700	4,102	0	0	0	0	57.00
58.00	05800	9,287	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	35,728	0	39,459	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	2,546	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	16,059	0	18,440	0	0	65.00
66.00	06600	94,582	0	48,461	0	0	66.00
67.00	06700	13,174	0	0	0	0	67.00
68.00	06800	3,260	0	0	0	0	68.00
69.00	06900	28,809	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	28,354	0	6,787	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	13,408	0	6,774	0	0	90.00
90.02	09002	120,389	0	116	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	125,703	0	60,553	0	560,689	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	31,521	0	37,695	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	15,039	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,884,386	623,665	825,271	0	5,020,352	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	68,990	0	22,405	0	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	2,860	0	0	190.01
190.02	19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	46,362	0	13,688	0	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	1	0	0	190.06
190.07	19007 FOUNDTION	11,071	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	5	0	0	190.08
191.00	19100 RESEARCH	0	0	6,787	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,010,809	623,665	871,017	0	5,020,352	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	976,235					14.00
15.00	01500	PHARMACY	1,236	2,700,571				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	4,789,047			16.00
17.00	01700	SOCIAL SERVICE	44	0	0	1,684,680		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,598	0	341,433	1,303,319	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,320	0	91,305	142,198	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,034	0	13,552	5,495	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86,475	0	485,387	0	0	50.00
51.00	05100	RECOVERY ROOM	699	0	85,640	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,542	0	63,173	29,306	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	19,307	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,707	0	275,090	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,406	0	1,003,889	0	0	55.00
56.00	05600	RADIOISOTOPE	25,328	0	114,350	0	0	56.00
56.01	05601	CARDIAC CATH LAB	7,229	0	226,246	7,229	0	56.01
57.00	05700	CT SCAN	7,282	0	301,022	0	0	57.00
58.00	05800	MRI	3,451	0	57,065	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	20,097	0	291,729	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	21,203	0	11,906	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	131	0	35,657	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,490	0	46,442	0	0	65.00
66.00	06600	PHYSICAL THERAPY	407	0	51,498	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	142	0	18,245	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	33	0	12,644	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	295	0	60,368	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	365,605	0	217,813	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	323,480	0	172,749	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,700,571	398,531	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	903	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	1	0	1,173	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	382	0	11,694	0	0	90.00
90.02	09002	WOUND CLINIC	5,803	0	31,705	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
91.00	09100	EMERGENCY	18,575	0	294,069	204,362	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	1,430	0	17,982	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	21,420	0	36,480	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	975,847	2,700,571	4,789,047	1,684,680	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	198	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	83	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	1	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	106	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	976,235	2,700,571	4,789,047	1,684,680	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		20.00	21.00		
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 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00590 OTHER ADMIN & GENERAL					5.02
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300 PARAMED PRGM				203,104	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	90.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.02 09002 WOUND CLINIC	0	0	0	0	2,217,593	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	203,104	7,717,999	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	4,651,042	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	2,574,886	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	203,104	179,777,031	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	2,837,034	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	2,860	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	0	0	0	6,403,510	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	1,780,542	190.06
190.07 19007 FOUNDTION	0	0	0	0	40,618	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	1,519	190.08
191.00 19100 RESEARCH	0	0	0	0	708,606	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	203,104	191,551,720	202.00

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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	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00590	OTHER ADMIN & GENERAL		5.02
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	20,103,104	30.00
31.00	03100	INTENSIVE CARE UNIT	3,923,207	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,255,269	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	15,511,552	50.00
51.00	05100	RECOVERY ROOM	1,468,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,129,906	52.00
53.00	05300	ANESTHESIOLOGY	32,858	53.00
53.01	05301	PAIN MANAGEMENT	42,510	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,514,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,957,668	55.00
56.00	05600	RADIOISOTOPE	2,000,408	56.00
56.01	05601	CARDIAC CATH LAB	4,035,115	56.01
57.00	05700	CT SCAN	1,910,201	57.00
58.00	05800	MRI	1,186,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	7,926,679	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	688,763	63.00
64.00	06400	INTRAVENOUS THERAPY	359,691	64.00
65.00	06500	RESPIRATORY THERAPY	3,103,184	65.00
66.00	06600	PHYSICAL THERAPY	4,160,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,144,317	67.00
68.00	06800	SPEECH PATHOLOGY	629,415	68.00
69.00	06900	ELECTROCARDIOLOGY	698,561	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,697,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,315,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,130,122	73.00
74.00	07400	RENAL DIALYSIS	267,792	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION THERAPY	431,097	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	992,697	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.02	09002	WOUND CLINIC	0	2,217,593	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	7,717,999	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	4,651,042	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	2,574,886	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	179,777,031	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,837,034	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	2,860	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	6,403,510	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,780,542	190.06
190.07	19007	FOUNDATION	0	40,618	190.07
190.08	19008	GOSHEN GACC CLINIC	0	1,519	190.08
191.00	19100	RESEARCH	0	708,606	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	191,551,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	9,197	1,366	10,563	10,563 4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,219	0	13,219	135 5.01
5.02 00590	OTHER ADMIN & GENERAL	0	55,691	1,480,981	1,536,672	1,598 5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	53,939	80,098	134,037	116 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,751	0	3,751	5 8.00
9.00 00900	HOUSEKEEPING	0	973	7,896	8,869	121 9.00
10.00 01000	DIETARY	0	4,369	3,637	8,006	37 10.00
11.00 01100	CAFETERIA	0	8,746	7,281	16,027	73 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	3,079	384,440	387,519	320 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	5,230	46,270	51,500	33 14.00
15.00 01500	PHARMACY	0	4,314	70,722	75,036	207 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	9,069	54,201	63,270	198 16.00
17.00 01700	SOCIAL SERVICE	0	2,169	958	3,127	136 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM	0	457	0	457	22 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	78,995	134,627	213,622	1,277 30.00
31.00 03100	INTENSIVE CARE UNIT	0	20,230	63,848	84,078	320 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	3,012	10,066	13,078	43 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	121,702	987,142	1,108,844	638 50.00
51.00 05100	RECOVERY ROOM	0	6,439	16,797	23,236	97 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	16,139	53,935	70,074	228 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	0	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	64,943	538,907	603,850	567 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	88,978	222,908	311,886	1,479 55.00
56.00 05600	RADIOISOTOPE	0	4,834	64,872	69,706	59 56.00
56.01 05601	CARDIAC CATH LAB	0	5,582	314,889	320,471	190 56.01
57.00 05700	CT SCAN	0	1,355	218	1,573	72 57.00
58.00 05800	MRI	0	3,067	181,848	184,915	67 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	11,799	82,287	94,086	418 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	841	0	841	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	679	679	27 64.00
65.00 06500	RESPIRATORY THERAPY	0	5,303	72,392	77,695	228 65.00
66.00 06600	PHYSICAL THERAPY	0	31,235	13,836	45,071	301 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	4,351	1,435	5,786	94 67.00
68.00 06800	SPEECH PATHOLOGY	0	1,076	300	1,376	51 68.00
69.00 06900	ELECTROCARDIOLOGY	0	9,514	9,909	19,423	33 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION THERAPY	0	9,364	0	9,364	29 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.00 09000 CLINIC	0	4,428	16,225	20,653	64	90.00
90.02 09002 WOUND CLINIC	0	39,757	3,175	42,932	1	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	41,512	71,051	112,563	451	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	10,410	22,178	32,588	371	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	139	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	759,069	5,021,374	5,780,443	10,245	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	22,783	20,513	43,296	174	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	15,311	14,388	29,699	91	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	1	190.06
190.07 19007 FOUNDTION	0	3,656	0	3,656	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	0	52	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	800,819	5,056,275	5,857,094	10,563	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
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	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,354					5.01
5.02	00590	OTHER ADMIN & GENERAL	0	1,538,270				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	37,394	0	171,547		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,813	0	962	10,531	8.00
9.00	00900	HOUSEKEEPING	0	16,093	0	250	0	9.00
10.00	01000	DIETARY	0	4,658	0	1,121	0	10.00
11.00	01100	CAFETERIA	0	6,293	0	2,243	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	39,966	0	790	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,228	0	1,342	0	14.00
15.00	01500	PHARMACY	0	20,892	0	1,107	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37,233	0	2,326	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,965	0	556	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	1,594	0	117	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	962	121,685	0	20,263	2,672	30.00
31.00	03100	INTENSIVE CARE UNIT	257	22,123	0	5,189	1,024	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	38	4,204	0	773	76	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,368	102,703	0	31,216	2,017	50.00
51.00	05100	RECOVERY ROOM	241	9,230	0	1,652	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	178	22,605	0	4,140	406	52.00
53.00	05300	ANESTHESIOLOGY	54	109	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	341	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	775	32,178	0	16,659	543	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,686	176,706	0	22,824	376	55.00
56.00	05600	RADIOISOTOPE	322	14,426	0	1,240	226	56.00
56.01	05601	CARDIAC CATH LAB	638	28,642	0	1,432	59	56.01
57.00	05700	CT SCAN	849	12,415	0	348	594	57.00
58.00	05800	MRI	161	8,729	0	787	113	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	822	59,887	0	3,027	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	34	5,198	0	216	0	63.00
64.00	06400	INTRAVENOUS THERAPY	101	2,601	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	131	23,921	0	1,360	0	65.00
66.00	06600	PHYSICAL THERAPY	145	30,095	0	8,012	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	51	8,693	0	1,116	0	67.00
68.00	06800	SPEECH PATHOLOGY	36	4,866	0	276	0	68.00
69.00	06900	ELECTROCARDIOLOGY	170	4,359	0	2,440	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	614	89,247	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	487	78,852	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,123	265,282	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3	2,143	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	3	2,647	0	2,402	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33	7,465	0	1,136	0	90.00
90.02	09002	WOUND CLINIC	89	14,316	0	10,198	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
91.00	09100	EMERGENCY	829	46,490	0	10,648	2,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	51	36,056	0	2,670	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	103	20,092	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,354	1,447,435	0	160,838	10,531	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	20,773	0	5,844	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	50,084	0	3,927	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	14,298	0	0	0	190.06
190.07	19007	FOUNDATION	0	33	0	938	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	12	0	0	0	190.08
191.00	19100	RESEARCH	0	5,635	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,354	1,538,270	0	171,547	10,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	25,333					9.00
10.00	01000	167	13,989				10.00
11.00	01100	334	0	24,970			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	117	0	367	0	429,079	13.00
14.00	01400	200	0	687	0	0	14.00
15.00	01500	165	0	479	0	3,238	15.00
16.00	01600	346	0	742	0	3,085	16.00
17.00	01700	83	0	424	0	13,519	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	17	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,014	11,915	4,610	0	137,356	30.00
31.00	03100	772	2,074	968	0	44,977	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	115	0	144	0	57,369	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,641	0	2,075	0	61,412	50.00
51.00	05100	246	0	244	0	13,654	51.00
52.00	05200	616	0	770	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	2,478	0	4,792	0	31,528	54.00
55.00	05500	3,394	0	190	0	1,491	55.00
56.00	05600	184	0	0	0	0	56.00
56.01	05601	213	0	478	0	13,529	56.01
57.00	05700	52	0	0	0	0	57.00
58.00	05800	117	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	450	0	1,131	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	32	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	202	0	529	0	0	65.00
66.00	06600	1,192	0	1,389	0	0	66.00
67.00	06700	166	0	0	0	0	67.00
68.00	06800	41	0	0	0	0	68.00
69.00	06900	363	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	357	0	195	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	169	0	194	0	0	90.00
90.02	09002	1,517	0	3	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	1,584	0	1,736	0	47,921	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	397	0	1,081	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	431	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	23,741	13,989	23,659	0	429,079	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	869	0	642	0	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	82	0	0	190.01
190.02	19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	584	0	392	0	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007 FOUNDTION	139	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	0	0	195	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 Cross Foot Adjustments						200.00
201.00	20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118 through 201)	25,333	13,989	24,970	0	429,079	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 7:03 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
			14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00590	OTHER ADMIN & GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,990				14.00
15.00	01500	PHARMACY	77	101,201			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	107,200		16.00
17.00	01700	SOCIAL SERVICE	3	0	0	29,813	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,662	0	7,652	23,065	30.00
31.00	03100	INTENSIVE CARE UNIT	457	0	2,046	2,516	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	65	0	304	97	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,403	0	10,878	0	50.00
51.00	05100	RECOVERY ROOM	44	0	1,919	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	346	0	1,416	519	52.00
53.00	05300	ANESTHESIOLOGY	0	0	433	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	544	0	6,165	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	588	0	22,372	0	55.00
56.00	05600	RADIOISOTOPE	1,582	0	2,563	0	56.00
56.01	05601	CARDIAC CATH LAB	452	0	5,070	0	56.01
57.00	05700	CT SCAN	455	0	6,746	0	57.00
58.00	05800	MRI	216	0	1,279	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,256	0	6,538	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,325	0	267	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8	0	799	0	64.00
65.00	06500	RESPIRATORY THERAPY	405	0	1,041	0	65.00
66.00	06600	PHYSICAL THERAPY	25	0	1,154	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9	0	409	0	67.00
68.00	06800	SPEECH PATHOLOGY	2	0	283	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18	0	1,353	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,839	0	4,881	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,210	0	3,871	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,201	8,931	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	20	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	26	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	24	0	262	0	90.00
90.02	09002	WOUND CLINIC	363	0	711	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
91.00	09100	EMERGENCY	1,161	0	6,590	3,616		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	89	0	403	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	1,338	0	818	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,966	101,201	107,200	29,813	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	12	0	0	0		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0		190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190.02
190.03	19003	LIFELINE	0	0	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	5	0	0	0		190.04
190.05	19005	PRIVATE DUTY	0	0	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07	19007	FOUNDATION	0	0	0	0		190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0		190.08
191.00	19100	RESEARCH	7	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	60,990	101,201	107,200	29,813	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
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 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00590	OTHER ADMIN & GENERAL					5.02
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM				2,207	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				549,755	30.00
31.00 03100	INTENSIVE CARE UNIT				166,801	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00 04000	SUBPROVIDER - IPF				0	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				76,306	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,331,195	50.00
51.00 05100	RECOVERY ROOM				50,563	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				101,298	52.00
53.00 05300	ANESTHESIOLOGY				596	53.00
53.01 05301	PAIN MANAGEMENT				341	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				700,079	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				543,992	55.00
56.00 05600	RADIOISOTOPE				90,308	56.00
56.01 05601	CARDIAC CATH LAB				371,174	56.01
57.00 05700	CT SCAN				23,104	57.00
58.00 05800	MRI				196,384	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				167,615	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.				7,913	63.00
64.00 06400	INTRAVENOUS THERAPY				4,215	64.00
65.00 06500	RESPIRATORY THERAPY				105,512	65.00
66.00 06600	PHYSICAL THERAPY				87,384	66.00
67.00 06700	OCCUPATIONAL THERAPY				16,324	67.00
68.00 06800	SPEECH PATHOLOGY				6,931	68.00
69.00 06900	ELECTROCARDIOLOGY				28,159	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				117,581	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				103,420	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				376,537	73.00
74.00 07400	RENAL DIALYSIS				2,166	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
76.00 03950	NUTRITION THERAPY				15,023	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC				0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00 09000	CLINIC				30,000	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.02 09002 WOUND CLINIC					70,130	90.02
90.03 09003 MOBILE CLINIC					0	90.03
91.00 09100 EMERGENCY					236,014	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC					0	99.00
101.00 10100 HOME HEALTH AGENCY					73,706	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					22,921	116.00
118.00						118.00
SUBTOTALS (SUM OF LINES 1 through 117)						
	0	0	0	0	5,673,447	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN					71,610	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED					82	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE					0	190.02
190.03 19003 LIFELINE					0	190.03
190.04 19004 COMMUNITY RELATIONS					84,782	190.04
190.05 19005 PRIVATE DUTY					0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT					14,299	190.06
190.07 19007 FOUNDTION					4,766	190.07
190.08 19008 GOSHEN GACC CLINIC					12	190.08
191.00 19100 RESEARCH					5,889	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES					0	192.00
193.00 19300 NONPAID WORKERS					0	193.00
200.00	0	0	0	2,207	2,207	200.00
201.00	0	0	0	0	0	201.00
202.00	0	0	0	2,207	5,857,094	202.00
TOTAL (sum lines 118 through 201)						

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 7:03 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	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00590	OTHER ADMIN & GENERAL		5.02
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	549,755
31.00	03100	INTENSIVE CARE UNIT	0	166,801
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	76,306
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,331,195
51.00	05100	RECOVERY ROOM	0	50,563
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	101,298
53.00	05300	ANESTHESIOLOGY	0	596
53.01	05301	PAIN MANAGEMENT	0	341
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	700,079
55.00	05500	RADIOLOGY-THERAPEUTIC	0	543,992
56.00	05600	RADIOISOTOPE	0	90,308
56.01	05601	CARDIAC CATH LAB	0	371,174
57.00	05700	CT SCAN	0	23,104
58.00	05800	MRI	0	196,384
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	167,615
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	7,913
64.00	06400	INTRAVENOUS THERAPY	0	4,215
65.00	06500	RESPIRATORY THERAPY	0	105,512
66.00	06600	PHYSICAL THERAPY	0	87,384
67.00	06700	OCCUPATIONAL THERAPY	0	16,324
68.00	06800	SPEECH PATHOLOGY	0	6,931
69.00	06900	ELECTROCARDIOLOGY	0	28,159
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	117,581
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,420
73.00	07300	DRUGS CHARGED TO PATIENTS	0	376,537
74.00	07400	RENAL DIALYSIS	0	2,166
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03950	NUTRITION THERAPY	0	15,023
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	30,000

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.02	09002	WOUND CLINIC	0	70,130	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	236,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	73,706	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	22,921	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,673,447	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	71,610	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	82	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	84,782	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	14,299	190.06
190.07	19007	FOUNDATION	0	4,766	190.07
190.08	19008	GOSHEN GACC CLINIC	0	12	190.08
191.00	19100	RESEARCH	0	5,889	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	2,207	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,857,094	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	394,273				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,200,432			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,528	1,945	73,822,101		4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,508	0	941,886	674,981,625	5.01
5.02 00590	OTHER ADMIN & GENERAL	27,419	2,109,003	11,117,685	0	-20,369,985 5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	26,556	114,064	812,713	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,847	0	37,176	0	0 8.00
9.00 00900	HOUSEKEEPING	479	11,244	848,905	0	0 9.00
10.00 01000	DIETARY	2,151	5,179	256,492	0	0 10.00
11.00 01100	CAFETERIA	4,306	10,369	513,465	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,516	547,465	2,236,387	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,575	65,891	227,764	0	0 14.00
15.00 01500	PHARMACY	2,124	100,712	1,449,132	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,465	77,186	1,385,403	0	0 16.00
17.00 01700	SOCIAL SERVICE	1,068	1,364	952,353	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM	225	0	153,752	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	38,892	191,717	8,929,413	48,123,008	0 30.00
31.00 03100	INTENSIVE CARE UNIT	9,960	90,924	2,240,727	12,868,886	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,483	14,334	298,188	1,910,109	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	59,919	1,405,748	4,460,297	68,412,613	0 50.00
51.00 05100	RECOVERY ROOM	3,170	23,920	675,843	12,070,415	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,946	76,806	1,597,752	8,903,841	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	2,721,244	0 53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	0	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	31,974	767,435	3,964,954	38,772,386	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	43,807	317,434	10,342,692	141,485,340	0 55.00
56.00 05600	RADIOISOTOPE	2,380	92,382	414,256	16,116,924	0 56.00
56.01 05601	CARDIAC CATH LAB	2,748	448,420	1,329,220	31,888,034	0 56.01
57.00 05700	CT SCAN	667	310	506,872	42,427,274	0 57.00
58.00 05800	MRI	1,510	258,963	467,804	8,043,002	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,809	117,182	2,924,222	41,117,489	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.	414	0	0	1,678,086	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	967	188,572	5,025,696	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,611	103,090	1,597,491	6,545,789	0 65.00
66.00 06600	PHYSICAL THERAPY	15,378	19,703	2,107,638	7,258,365	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,142	2,044	658,438	2,571,531	0 67.00
68.00 06800	SPEECH PATHOLOGY	530	427	353,676	1,782,132	0 68.00
69.00 06900	ELECTROCARDIOLOGY	4,684	14,111	233,743	8,508,458	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	30,699,489	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,347,930	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	56,170,710	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	127,296	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION THERAPY	4,610	0	204,005	165,299	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,180	23,105	446,652	1,648,167	0	90.00
90.02	09002	WOUND CLINIC	19,574	4,522	4,010	4,468,608	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	20,438	101,181	3,154,778	41,447,422	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	5,125	31,583	2,591,346	2,534,391	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	970,052	5,141,691	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,718	7,150,730	71,595,754	674,981,625	-20,369,985	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	11,217	29,212	1,218,938	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	7,538	20,490	636,274	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	9,680	0	0	190.06
190.07	19007	FOUNDTION	1,800	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	361,455	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	800,819	5,056,275	26,726,255	3,003,911		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.031128	0.702218	0.362036	0.004450		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			10,563	13,354		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000143	0.000020		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: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590	171,181,735					5.02
6.00	00600		0				6.00
7.00	00700	4,161,315		329,262			7.00
8.00	00800	646,883	0	1,847	776,712		8.00
9.00	00900	1,790,922	0	479	0	326,936	9.00
10.00	01000	518,335	0	2,151	0	2,151	10.00
11.00	01100	700,304	0	4,306	0	4,306	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,447,552	0	1,516	0	1,516	13.00
14.00	01400	804,321	0	2,575	0	2,575	14.00
15.00	01500	2,324,963	0	2,124	0	2,124	15.00
16.00	01600	4,143,419	0	4,465	0	4,465	16.00
17.00	01700	1,331,557	0	1,068	0	1,068	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	177,425	0	225	0	225	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,541,647	0	38,892	197,141	38,892	30.00
31.00	03100	2,461,928	0	9,960	75,529	9,960	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	467,784	0	1,483	5,584	1,483	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,429,179	0	59,919	148,750	59,919	50.00
51.00	05100	1,027,188	0	3,170	0	3,170	51.00
52.00	05200	2,515,535	0	7,946	29,919	7,946	52.00
53.00	05300	12,110	0	0	0	0	53.00
53.01	05301	37,989	0	0	0	0	53.01
54.00	05400	3,580,892	0	31,974	40,050	31,974	54.00
55.00	05500	19,664,535	0	43,807	27,747	43,807	55.00
56.00	05600	1,605,331	0	2,380	16,648	2,380	56.00
56.01	05601	3,187,439	0	2,748	4,340	2,748	56.01
57.00	05700	1,381,636	0	667	43,825	667	57.00
58.00	05800	971,355	0	1,510	8,308	1,510	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	6,664,469	0	5,809	0	5,809	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	578,423	0	414	0	414	63.00
64.00	06400	289,459	0	0	0	0	64.00
65.00	06500	2,662,054	0	2,611	0	2,611	65.00
66.00	06600	3,349,154	0	15,378	0	15,378	66.00
67.00	06700	967,352	0	2,142	0	2,142	67.00
68.00	06800	541,542	0	530	0	530	68.00
69.00	06900	485,120	0	4,684	0	4,684	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	9,931,831	0	0	0	0	71.00
72.00	07200	8,774,937	0	0	0	0	72.00
73.00	07300	29,518,403	0	0	0	0	73.00
74.00	07400	238,508	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	294,537	0	4,610	0	4,610	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	830,753	0	2,180	0	2,180	90.00
90.02	09002	1,593,178	0	19,574	0	19,574	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.02	6.00	7.00	8.00	9.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	5,173,557	0	20,438	178,871	20,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	4,012,467	0	5,125	0	5,125	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,235,886	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	161,073,174	0	308,707	776,712	306,381	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,311,722	0	11,217	0	11,217	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	5,573,544	0	7,538	0	7,538	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	1,591,194	0	0	0	0	190.06
190.07	19007	FOUNDATION	3,656	0	1,800	0	1,800	190.07
190.08	19008	GOSHEN GACC CLINIC	1,353	0	0	0	0	190.08
191.00	19100	RESEARCH	627,092	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	20,369,985	0	4,656,495	749,980	2,010,809	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.118996	0.000000	14.142218	0.965583	6.150467	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,538,270	0	171,547	10,531	25,333	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008986	0.000000	0.521005	0.013558	0.077486	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: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	90,070					10.00
11.00	01100	0	1,789,409				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	26,285	0	571,930		13.00
14.00	01400	0	49,202	0	0	26,155,103	14.00
15.00	01500	0	34,357	0	4,316	33,105	15.00
16.00	01600	0	53,156	0	4,112	46	16.00
17.00	01700	0	30,359	0	18,020	1,186	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,718	330,384	0	183,084	712,595	30.00
31.00	03100	13,352	69,343	0	59,951	196,109	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	10,305	0	76,469	27,712	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	148,727	0	81,858	2,316,817	50.00
51.00	05100	0	17,504	0	18,200	18,728	51.00
52.00	05200	0	55,214	0	0	148,488	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	0	343,378	0	42,025	233,273	54.00
55.00	05500	0	13,643	0	1,987	252,009	55.00
56.00	05600	0	0	0	0	678,593	56.00
56.01	05601	0	34,230	0	18,033	193,672	56.01
57.00	05700	0	0	0	0	195,107	57.00
58.00	05800	0	0	0	0	92,456	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	81,065	0	0	538,426	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	568,076	63.00
64.00	06400	0	0	0	0	3,497	64.00
65.00	06500	0	37,882	0	0	173,880	65.00
66.00	06600	0	99,557	0	0	10,916	66.00
67.00	06700	0	0	0	0	3,815	67.00
68.00	06800	0	0	0	0	876	68.00
69.00	06900	0	0	0	0	7,896	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	9,795,218	71.00
72.00	07200	0	0	0	0	8,666,589	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	13,944	0	0	38	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	13,916	0	0	10,245	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CLINIC	0	238	0	0	155,479	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	124,399	0	63,875	497,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	77,441	0	0	38,300	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	30,897	0	0	573,878	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,070	1,695,426	0	571,930	26,144,694	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	46,029	0	0	5,318	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	5,876	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	28,121	0	0	2,227	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2	0	0	14	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	11	0	0	0	190.08
191.00	19100	RESEARCH	0	13,944	0	0	2,850	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	623,665	871,017	0	5,020,352	976,235	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.924226	0.486762	0.000000	8.777913	0.037325	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,989	24,970	0	429,079	60,990	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.155313	0.013954	0.000000	0.750230	0.002332	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: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	29,268,443					15.00
16.00	01600	0	674,981,625				16.00
17.00	01700	0	0	30,353			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	48,123,008	23,482	0	0	30.00
31.00	03100	0	12,868,886	2,562	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,910,109	99	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	68,412,613	0	0	0	50.00
51.00	05100	0	12,070,415	0	0	0	51.00
52.00	05200	0	8,903,841	528	0	0	52.00
53.00	05300	0	2,721,244	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	0	38,772,386	0	0	0	54.00
55.00	05500	0	141,485,340	0	0	0	55.00
56.00	05600	0	16,116,924	0	0	0	56.00
56.01	05601	0	31,888,034	0	0	0	56.01
57.00	05700	0	42,427,274	0	0	0	57.00
58.00	05800	0	8,043,002	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	41,117,489	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	1,678,086	0	0	0	63.00
64.00	06400	0	5,025,696	0	0	0	64.00
65.00	06500	0	6,545,789	0	0	0	65.00
66.00	06600	0	7,258,365	0	0	0	66.00
67.00	06700	0	2,571,531	0	0	0	67.00
68.00	06800	0	1,782,132	0	0	0	68.00
69.00	06900	0	8,508,458	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	30,699,489	0	0	0	71.00
72.00	07200	0	24,347,930	0	0	0	72.00
73.00	07300	29,268,443	56,170,710	0	0	0	73.00
74.00	07400	0	127,296	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	165,299	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,648,167	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
90.02	09002	WOUND CLINIC	0	4,468,608	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	41,447,422	3,682	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	2,534,391	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	5,141,691	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,268,443	674,981,625	30,353	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	2,700,571	4,789,047	1,684,680	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.092269	0.007095	55.502916	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	101,201	107,200	29,813	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003458	0.000159	0.982209	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02 00590 OTHER ADMIN & GENERAL				5.02
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00 02300 PARAMED PRGM			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		21.00	22.00			23.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	203,104	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,031.040000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	2,207	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	22.070000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		20,103,104		0	20,103,104	30.00
31.00	03100 INTENSIVE CARE UNIT		3,923,207		25,921	3,949,128	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	34.00
40.00	04000 SUBPROVIDER - IPF		0		0	0	40.00
41.00	04100 SUBPROVIDER - IRF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		1,255,269		0	1,255,269	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	0	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		15,511,552		0	15,511,552	50.00
51.00	05100 RECOVERY ROOM		1,468,364		0	1,468,364	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,129,906		0	3,129,906	52.00
53.00	05300 ANESTHESIOLOGY		32,858		0	32,858	53.00
53.01	05301 PAIN MANAGEMENT		42,510		0	42,510	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,514,347		137,390	5,651,737	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		23,957,668		95,612	24,053,280	55.00
56.00	05600 RADIOISOTOPE		2,000,408		0	2,000,408	56.00
56.01	05601 CARDIAC CATH LAB		4,035,115		0	4,035,115	56.01
57.00	05700 CT SCAN		1,910,201		0	1,910,201	57.00
58.00	05800 MRI		1,186,122		0	1,186,122	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		7,926,679		0	7,926,679	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0		0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.		688,763		0	688,763	63.00
64.00	06400 INTRAVENOUS THERAPY		359,691		0	359,691	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,103,184		0	3,103,184	65.00
66.00	06600 PHYSICAL THERAPY	0	4,160,117		0	4,160,117	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,144,317		0	1,144,317	67.00
68.00	06800 SPEECH PATHOLOGY	0	629,415		0	629,415	68.00
69.00	06900 ELECTROCARDIOLOGY		698,561		0	698,561	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		11,697,097		0	11,697,097	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,315,348		0	10,315,348	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		36,130,122		0	36,130,122	73.00
74.00	07400 RENAL DIALYSIS		267,792		0	267,792	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
76.00	03950 NUTRITION THERAPY		431,097		0	431,097	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		992,697		0	992,697	90.00
90.02	09002 WOUND CLINIC		2,217,593		0	2,217,593	90.02
90.03	09003 MOBILE CLINIC		0		0	0	90.03
91.00	09100 EMERGENCY		7,717,999		134,039	7,852,038	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,624,457		0	2,624,457	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC		0		0	0	99.00
101.00	10100 HOME HEALTH AGENCY		4,651,042		0	4,651,042	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF		0		0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0		0	0	115.00
116.00	11600 HOSPICE		2,574,886		0	2,574,886	116.00
200.00	Subtotal (see instructions)		182,401,488	0	392,962	182,794,450	200.00
201.00	Less Observation Beds		2,624,457		0	2,624,457	201.00
202.00	Total (see instructions)		179,777,031	0	392,962	180,169,993	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 7:03 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	40,462,603		40,462,603		30.00
31.00	03100	INTENSIVE CARE UNIT	12,868,886		12,868,886		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,910,109		1,910,109		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,711,510	43,701,103	68,412,613	0.226735	50.00
51.00	05100	RECOVERY ROOM	3,458,093	8,612,322	12,070,415	0.121650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,763,234	1,140,607	8,903,841	0.351523	52.00
53.00	05300	ANESTHESIOLOGY	616,645	2,104,599	2,721,244	0.012075	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,356,904	30,415,482	38,772,386	0.142224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	784,906	140,700,434	141,485,340	0.169330	55.00
56.00	05600	RADIOISOTOPE	1,358,754	14,758,170	16,116,924	0.124118	56.00
56.01	05601	CARDIAC CATH LAB	12,294,940	19,593,094	31,888,034	0.126540	56.01
57.00	05700	CT SCAN	7,409,260	35,018,014	42,427,274	0.045023	57.00
58.00	05800	MRI	902,920	7,140,082	8,043,002	0.147473	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	14,845,324	26,272,165	41,117,489	0.192781	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,282,353	395,733	1,678,086	0.410446	63.00
64.00	06400	INTRAVENOUS THERAPY	86,585	4,939,111	5,025,696	0.071570	64.00
65.00	06500	RESPIRATORY THERAPY	4,199,549	2,346,240	6,545,789	0.474073	65.00
66.00	06600	PHYSICAL THERAPY	1,433,134	5,825,231	7,258,365	0.573148	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,155,504	1,416,027	2,571,531	0.444994	67.00
68.00	06800	SPEECH PATHOLOGY	472,963	1,309,169	1,782,132	0.353181	68.00
69.00	06900	ELECTROCARDIOLOGY	4,037,935	4,470,523	8,508,458	0.082102	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,030,198	15,669,291	30,699,489	0.381019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,136,375	8,211,555	24,347,930	0.423664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,596,262	43,574,448	56,170,710	0.643220	73.00
74.00	07400	RENAL DIALYSIS	98,280	29,016	127,296	2.103695	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	116,345	48,954	165,299	2.607983	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	4,000	1,644,167	1,648,167	0.602304	90.00
90.02	09002	WOUND CLINIC	21,983	4,446,625	4,468,608	0.496260	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	7,295,320	34,152,102	41,447,422	0.186212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	812,083	6,848,322	7,660,405	0.342600	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	2,534,391	2,534,391		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	5,141,691	5,141,691		116.00
200.00		Subtotal (see instructions)	202,522,957	472,458,668	674,981,625		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	202,522,957	472,458,668	674,981,625		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.226735			50.00
51.00	05100 RECOVERY ROOM	0.121650			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.351523			52.00
53.00	05300 ANESTHESIOLOGY	0.012075			53.00
53.01	05301 PAIN MANAGEMENT	0.000000			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145767			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.170005			55.00
56.00	05600 RADIOISOTOPE	0.124118			56.00
56.01	05601 CARDIAC CATH LAB	0.126540			56.01
57.00	05700 CT SCAN	0.045023			57.00
58.00	05800 MRI	0.147473			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.192781			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.410446			63.00
64.00	06400 INTRAVENOUS THERAPY	0.071570			64.00
65.00	06500 RESPIRATORY THERAPY	0.474073			65.00
66.00	06600 PHYSICAL THERAPY	0.573148			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.444994			67.00
68.00	06800 SPEECH PATHOLOGY	0.353181			68.00
69.00	06900 ELECTROCARDIOLOGY	0.082102			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.381019			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.423664			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.643220			73.00
74.00	07400 RENAL DIALYSIS	2.103695			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION THERAPY	2.607983			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.602304			90.00
90.02	09002 WOUND CLINIC	0.496260			90.02
90.03	09003 MOBILE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.189446			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.342600			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 7:03 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	20,103,104	20,103,104	0	20,103,104	30.00
31.00	03100 INTENSIVE CARE UNIT	3,923,207	3,923,207	25,921	3,949,128	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	1,255,269	1,255,269	0	1,255,269	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	15,511,552	15,511,552	0	15,511,552	50.00
51.00	05100 RECOVERY ROOM	1,468,364	1,468,364	0	1,468,364	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,129,906	3,129,906	0	3,129,906	52.00
53.00	05300 ANESTHESIOLOGY	32,858	32,858	0	32,858	53.00
53.01	05301 PAIN MANAGEMENT	42,510	42,510	0	42,510	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,514,347	5,514,347	137,390	5,651,737	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	23,957,668	23,957,668	95,612	24,053,280	55.00
56.00	05600 RADIOISOTOPE	2,000,408	2,000,408	0	2,000,408	56.00
56.01	05601 CARDIAC CATH LAB	4,035,115	4,035,115	0	4,035,115	56.01
57.00	05700 CT SCAN	1,910,201	1,910,201	0	1,910,201	57.00
58.00	05800 MRI	1,186,122	1,186,122	0	1,186,122	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	7,926,679	7,926,679	0	7,926,679	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	688,763	688,763	0	688,763	63.00
64.00	06400 INTRAVENOUS THERAPY	359,691	359,691	0	359,691	64.00
65.00	06500 RESPIRATORY THERAPY	3,103,184	3,103,184	0	3,103,184	65.00
66.00	06600 PHYSICAL THERAPY	4,160,117	4,160,117	0	4,160,117	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,144,317	1,144,317	0	1,144,317	67.00
68.00	06800 SPEECH PATHOLOGY	629,415	629,415	0	629,415	68.00
69.00	06900 ELECTROCARDIOLOGY	698,561	698,561	0	698,561	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,697,097	11,697,097	0	11,697,097	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,315,348	10,315,348	0	10,315,348	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,130,122	36,130,122	0	36,130,122	73.00
74.00	07400 RENAL DIALYSIS	267,792	267,792	0	267,792	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950 NUTRITION THERAPY	431,097	431,097	0	431,097	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	992,697	992,697	0	992,697	90.00
90.02	09002 WOUND CLINIC	2,217,593	2,217,593	0	2,217,593	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	90.03
91.00	09100 EMERGENCY	7,717,999	7,717,999	134,039	7,852,038	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,624,457	2,624,457	0	2,624,457	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	4,651,042	4,651,042	0	4,651,042	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	2,574,886	2,574,886	0	2,574,886	116.00
200.00	Subtotal (see instructions)	182,401,488	182,401,488	392,962	182,794,450	200.00
201.00	Less Observation Beds	2,624,457	2,624,457	0	2,624,457	201.00
202.00	Total (see instructions)	179,777,031	179,777,031	392,962	180,169,993	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 7:03 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,462,603		40,462,603		30.00
31.00	03100	INTENSIVE CARE UNIT	12,868,886		12,868,886		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,910,109		1,910,109		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,711,510	43,701,103	68,412,613	0.226735	50.00
51.00	05100	RECOVERY ROOM	3,458,093	8,612,322	12,070,415	0.121650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,763,234	1,140,607	8,903,841	0.351523	52.00
53.00	05300	ANESTHESIOLOGY	616,645	2,104,599	2,721,244	0.012075	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,356,904	30,415,482	38,772,386	0.142224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	784,906	140,700,434	141,485,340	0.169330	55.00
56.00	05600	RADIOISOTOPE	1,358,754	14,758,170	16,116,924	0.124118	56.00
56.01	05601	CARDIAC CATH LAB	12,294,940	19,593,094	31,888,034	0.126540	56.01
57.00	05700	CT SCAN	7,409,260	35,018,014	42,427,274	0.045023	57.00
58.00	05800	MRI	902,920	7,140,082	8,043,002	0.147473	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	14,845,324	26,272,165	41,117,489	0.192781	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,282,353	395,733	1,678,086	0.410446	63.00
64.00	06400	INTRAVENOUS THERAPY	86,585	4,939,111	5,025,696	0.071570	64.00
65.00	06500	RESPIRATORY THERAPY	4,199,549	2,346,240	6,545,789	0.474073	65.00
66.00	06600	PHYSICAL THERAPY	1,433,134	5,825,231	7,258,365	0.573148	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,155,504	1,416,027	2,571,531	0.444994	67.00
68.00	06800	SPEECH PATHOLOGY	472,963	1,309,169	1,782,132	0.353181	68.00
69.00	06900	ELECTROCARDIOLOGY	4,037,935	4,470,523	8,508,458	0.082102	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,030,198	15,669,291	30,699,489	0.381019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,136,375	8,211,555	24,347,930	0.423664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,596,262	43,574,448	56,170,710	0.643220	73.00
74.00	07400	RENAL DIALYSIS	98,280	29,016	127,296	2.103695	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	116,345	48,954	165,299	2.607983	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	4,000	1,644,167	1,648,167	0.602304	90.00
90.02	09002	WOUND CLINIC	21,983	4,446,625	4,468,608	0.496260	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	7,295,320	34,152,102	41,447,422	0.186212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	812,083	6,848,322	7,660,405	0.342600	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	2,534,391	2,534,391		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	5,141,691	5,141,691		116.00
200.00		Subtotal (see instructions)	202,522,957	472,458,668	674,981,625		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	202,522,957	472,458,668	674,981,625		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
53.01	05301 PAIN MANAGEMENT	0.000000			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.01	05601 CARDIAC CATH LAB	0.000000			56.01
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION THERAPY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.02	09002 WOUND CLINIC	0.000000			90.02
90.03	09003 MOBILE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 7:03 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	549,755	0	549,755	20,881	26.33	30.00
31.00	INTENSIVE CARE UNIT	166,801		166,801	3,208	52.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	76,306		76,306	2,452	31.12	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	792,862		792,862	26,541		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	6,796	178,939				
31.00	INTENSIVE CARE UNIT	1,242	64,584				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	8,038	243,523				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0026		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 7:03 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,331,195	68,412,613	0.019458	7,707,076	149,964	50.00
51.00	05100	RECOVERY ROOM	50,563	12,070,415	0.004189	969,147	4,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,298	8,903,841	0.011377	11,670	133	52.00
53.00	05300	ANESTHESIOLOGY	596	2,721,244	0.000219	284,619	62	53.00
53.01	05301	PAIN MANAGEMENT	341	0	0.000000	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	700,079	38,772,386	0.018056	3,730,511	67,358	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	543,992	141,485,340	0.003845	279,203	1,074	55.00
56.00	05600	RADIOISOTOPE	90,308	16,116,924	0.005603	723,692	4,055	56.00
56.01	05601	CARDIAC CATH LAB	371,174	31,888,034	0.011640	4,578,222	53,291	56.01
57.00	05700	CT SCAN	23,104	42,427,274	0.000545	3,219,092	1,754	57.00
58.00	05800	MRI	196,384	8,043,002	0.024417	334,484	8,167	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	167,615	41,117,489	0.004076	6,186,534	25,216	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	7,913	1,678,086	0.004715	458,842	2,163	63.00
64.00	06400	INTRAVENOUS THERAPY	4,215	5,025,696	0.000839	36,074	30	64.00
65.00	06500	RESPIRATORY THERAPY	105,512	6,545,789	0.016119	1,798,259	28,986	65.00
66.00	06600	PHYSICAL THERAPY	87,384	7,258,365	0.012039	719,490	8,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,324	2,571,531	0.006348	602,683	3,826	67.00
68.00	06800	SPEECH PATHOLOGY	6,931	1,782,132	0.003889	94,284	367	68.00
69.00	06900	ELECTROCARDIOLOGY	28,159	8,508,458	0.003310	1,963,761	6,500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,581	30,699,489	0.003830	5,689,788	21,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,420	24,347,930	0.004248	6,573,972	27,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	376,537	56,170,710	0.006703	11,617,779	77,874	73.00
74.00	07400	RENAL DIALYSIS	2,166	127,296	0.017015	50,544	860	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	NUTRITION THERAPY	15,023	165,299	0.090884	43,965	3,996	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	30,000	1,648,167	0.018202	1,806	33	90.00
90.02	09002	WOUND CLINIC	70,130	4,468,608	0.015694	5,819	91	90.02
90.03	09003	MOBILE CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	236,014	41,447,422	0.005694	3,095,146	17,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	71,771	7,660,405	0.009369	327,827	3,071	92.00
200.00		Total (lines 50 through 199)	4,855,729	612,063,945		61,104,289	518,935	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 7:03 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

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

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	20,881	0.00	6,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,208	0.00	1,242	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	2,452	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	26,541		8,038	200.00

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

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0026

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 7:03 pm

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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	203,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (Lines 50 through 199)	0	0	0	0	203,104	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 7:03 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	68,412,613	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,070,415	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,903,841	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,721,244	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	38,772,386	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	141,485,340	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	16,116,924	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	31,888,034	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	42,427,274	0.000000	57.00
58.00	05800	MRI	0	0	0	8,043,002	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	41,117,489	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,678,086	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,025,696	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,545,789	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,258,365	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,571,531	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,782,132	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,508,458	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,699,489	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,347,930	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	56,170,710	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	127,296	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	165,299	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,648,167	0.000000	90.00
90.02	09002	WOUND CLINIC	0	0	0	4,468,608	0.000000	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	203,104	203,104	41,447,422	0.004900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	7,660,405	0.000000	92.00
200.00		Total (lines 50 through 199)	0	203,104	203,104	612,063,945		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 7:03 pm
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Cost Center Description		Title XVIII					Hospital	
		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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	7,707,076	0	8,595,870	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	969,147	0	1,859,580	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	11,670	0	18,574	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	284,619	0	590,124	0	53.00	
53.01	05301 PAIN MANAGEMENT	0.000000	0	0	0	0	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,730,511	0	7,032,731	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	279,203	0	10,517,127	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	723,692	0	4,322,510	0	56.00	
56.01	05601 CARDIAC CATH LAB	0.000000	4,578,222	0	8,262,588	0	56.01	
57.00	05700 CT SCAN	0.000000	3,219,092	0	9,176,855	0	57.00	
58.00	05800 MRI	0.000000	334,484	0	1,837,461	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.000000	6,186,534	0	4,251,055	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	458,842	0	124,761	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	36,074	0	1,204,559	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,798,259	0	832,156	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	719,490	0	67,172	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	602,683	0	58,890	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	94,284	0	5,167	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,963,761	0	1,121,829	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	5,689,788	0	3,947,147	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,573,972	0	2,511,382	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	11,617,779	0	42,056,483	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	50,544	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03950 NUTRITION THERAPY	0.000000	43,965	0	573	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	1,806	0	594,926	0	90.00	
90.02	09002 WOUND CLINIC	0.000000	5,819	0	729,606	0	90.02	
90.03	09003 MOBILE CLINIC	0.000000	0	0	0	0	90.03	
91.00	09100 EMERGENCY	0.004900	3,095,146	15,166	5,410,428	26,511	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	327,827	0	1,856,629	0	92.00	
200.00	Total (lines 50 through 199)		61,104,289	15,166	116,986,183	26,511	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 7:03 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	0.226735	8,595,870	0	9	1,948,985	50.00
51.00	05100 RECOVERY ROOM	0.121650	1,859,580	0	0	226,218	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.351523	18,574	0	0	6,529	52.00
53.00	05300 ANESTHESIOLOGY	0.012075	590,124	0	0	7,126	53.00
53.01	05301 PAIN MANAGEMENT	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.142224	7,032,731	0	0	1,000,223	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.169330	10,517,127	48	35	1,780,865	55.00
56.00	05600 RADIOISOTOPE	0.124118	4,322,510	0	0	536,501	56.00
56.01	05601 CARDIAC CATH LAB	0.126540	8,262,588	14	0	1,045,548	56.01
57.00	05700 CT SCAN	0.045023	9,176,855	0	0	413,170	57.00
58.00	05800 MRI	0.147473	1,837,461	0	0	270,976	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.192781	4,251,055	0	0	819,523	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.410446	124,761	0	0	51,208	63.00
64.00	06400 INTRAVENOUS THERAPY	0.071570	1,204,559	17	117	86,210	64.00
65.00	06500 RESPIRATORY THERAPY	0.474073	832,156	28	0	394,503	65.00
66.00	06600 PHYSICAL THERAPY	0.573148	67,172	0	0	38,499	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.444994	58,890	0	0	26,206	67.00
68.00	06800 SPEECH PATHOLOGY	0.353181	5,167	0	0	1,825	68.00
69.00	06900 ELECTROCARDIOLOGY	0.082102	1,121,829	0	0	92,104	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.381019	3,947,147	0	0	1,503,938	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.423664	2,511,382	0	0	1,063,982	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.643220	42,056,483	367	65,328	27,051,571	73.00
74.00	07400 RENAL DIALYSIS	2.103695	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION THERAPY	2.607983	573	0	0	1,494	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.602304	594,926	0	0	358,326	90.00
90.02	09002 WOUND CLINIC	0.496260	729,606	573	0	362,074	90.02
90.03	09003 MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.186212	5,410,428	0	4	1,007,487	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.342600	1,856,629	0	0	636,081	92.00
200.00	Subtotal (see instructions)		116,986,183	1,047	65,493	40,731,172	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)		116,986,183	1,047	65,493	40,731,172	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 7:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8	6	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	CARDIAC CATH LAB	2	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1	8	64.00
65.00	06500	RESPIRATORY THERAPY	13	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	236	42,020	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.02	09002	WOUND CLINIC	284	0	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	544	42,037	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	544	42,037	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 7:03 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	0.226735	788,858	0	0	178,862	50.00
51.00	05100	RECOVERY ROOM	0.121650	147,426	0	0	17,934	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.351523	143,199	0	0	50,338	52.00
53.00	05300	ANESTHESIOLOGY	0.012075	43,031	0	0	520	53.00
53.01	05301	PAIN MANAGEMENT	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142224	859,151	0	0	122,192	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.169330	383,987	0	0	65,021	55.00
56.00	05600	RADIOISOTOPE	0.124118	101,304	0	0	12,574	56.00
56.01	05601	CARDIAC CATH LAB	0.126540	77,165	0	0	9,764	56.01
57.00	05700	CT SCAN	0.045023	869,850	0	0	39,163	57.00
58.00	05800	MRI	0.147473	119,200	0	0	17,579	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.192781	1,111,908	0	0	214,355	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.410446	14,665	0	0	6,019	63.00
64.00	06400	INTRAVENOUS THERAPY	0.071570	127,410	0	0	9,119	64.00
65.00	06500	RESPIRATORY THERAPY	0.474073	34,747	0	0	16,473	65.00
66.00	06600	PHYSICAL THERAPY	0.573148	320,960	0	0	183,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.444994	316,349	0	0	140,773	67.00
68.00	06800	SPEECH PATHOLOGY	0.353181	526,521	0	0	185,957	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082102	98,198	0	0	8,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381019	243,827	0	0	92,903	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.423664	66,685	0	0	28,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.643220	862,713	0	0	554,914	73.00
74.00	07400	RENAL DIALYSIS	2.103695	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	2.607983	4,624	0	0	12,059	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.602304	29,172	0	0	17,570	90.00
90.02	09002	WOUND CLINIC	0.496260	27,084	0	0	13,441	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.186212	2,914,588	0	0	542,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.342600	179,513	0	0	61,501	92.00
200.00		Subtotal (see instructions)		10,412,135	0	0	2,602,034	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		10,412,135	0	0	2,602,034	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 7:03 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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 7:03 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)		20,881	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,881	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)		18,155	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,796	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)		20,103,104	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)		20,103,104	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)		20,103,104	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)		962.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,542,849	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)		6,542,849	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 7:03 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,949,128	3,208	1,231.02	1,242	1,528,927	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,788,220	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,859,996	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)					243,523	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					534,101	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					777,624	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,082,372	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)					2,726	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					962.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,624,457	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 7:03 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	549,755	20,103,104	0.027347	2,624,457	71,771	90.00
91.00	Nursing School cost	0	20,103,104	0.000000	2,624,457	0	91.00
92.00	Allied health cost	0	20,103,104	0.000000	2,624,457	0	92.00
93.00	All other Medical Education	0	20,103,104	0.000000	2,624,457	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 7:03 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		15,574,351	30.00
31.00	03100	INTENSIVE CARE UNIT		4,903,099	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.226735	7,707,076	50.00
51.00	05100	RECOVERY ROOM	0.121650	969,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.351523	11,670	52.00
53.00	05300	ANESTHESIOLOGY	0.012075	284,619	53.00
53.01	05301	PAIN MANAGEMENT	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145767	3,730,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170005	279,203	55.00
56.00	05600	RADIOISOTOPE	0.124118	723,692	56.00
56.01	05601	CARDIAC CATH LAB	0.126540	4,578,222	56.01
57.00	05700	CT SCAN	0.045023	3,219,092	57.00
58.00	05800	MRI	0.147473	334,484	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.192781	6,186,534	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.410446	458,842	63.00
64.00	06400	INTRAVENOUS THERAPY	0.071570	36,074	64.00
65.00	06500	RESPIRATORY THERAPY	0.474073	1,798,259	65.00
66.00	06600	PHYSICAL THERAPY	0.573148	719,490	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.444994	602,683	67.00
68.00	06800	SPEECH PATHOLOGY	0.353181	94,284	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082102	1,963,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381019	5,689,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.423664	6,573,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.643220	11,617,779	73.00
74.00	07400	RENAL DIALYSIS	2.103695	50,544	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION THERAPY	2.607983	43,965	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.602304	1,806	90.00
90.02	09002	WOUND CLINIC	0.496260	5,819	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.189446	3,095,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.342600	327,827	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		61,104,289	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)		61,104,289	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 7:03 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		1,533,071	30.00
31.00	03100	INTENSIVE CARE UNIT		178,488	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.226735	949,823	215,358 50.00
51.00	05100	RECOVERY ROOM	0.121650	197,000	23,965 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.351523	1,525,416	536,219 52.00
53.00	05300	ANESTHESIOLOGY	0.012075	22,143	267 53.00
53.01	05301	PAIN MANAGEMENT	0.000000	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142224	98,725	14,041 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.169330	0	0 55.00
56.00	05600	RADIOISOTOPE	0.124118	11,730	1,456 56.00
56.01	05601	CARDIAC CATH LAB	0.126540	144,781	18,321 56.01
57.00	05700	CT SCAN	0.045023	119,200	5,367 57.00
58.00	05800	MRI	0.147473	6,200	914 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.192781	302,315	58,281 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.410446	22,356	9,176 63.00
64.00	06400	INTRAVENOUS THERAPY	0.071570	6,550	469 64.00
65.00	06500	RESPIRATORY THERAPY	0.474073	37,600	17,825 65.00
66.00	06600	PHYSICAL THERAPY	0.573148	14,136	8,102 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.444994	10,563	4,700 67.00
68.00	06800	SPEECH PATHOLOGY	0.353181	1,524	538 68.00
69.00	06900	ELECTROCARDIOLOGY	0.082102	51,840	4,256 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.381019	337,375	128,546 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.423664	233,209	98,802 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.643220	679,497	437,066 73.00
74.00	07400	RENAL DIALYSIS	2.103695	4,680	9,845 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION THERAPY	2.607983	1,085	2,830 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.602304	0	0 90.00
90.02	09002	WOUND CLINIC	0.496260	224	111 90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.186212	128,008	23,837 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.342600	30,472	10,440 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,936,452	1,630,732 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		4,936,452	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 7:03 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)		11,789,995	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,968,245	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)		1,516,666	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		114.53	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)		2.86	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.98	31.00
32.00	Sum of lines 30 and 31		21.84	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.23	33.00
34.00	Disproportionate share adjustment (see instructions)		284,830	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 7:03 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)	0.000205381	0.000206000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,389,751	2,193,418	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,039,457	552,862	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,592,319		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)	19,152,055		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)		19,152,055	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,355,998	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		30,861	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		15,166	58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,554,080	59.00
60.00	Primary payer payments		32,837	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,521,243	61.00
62.00	Deductibles billed to program beneficiaries		1,764,300	62.00
63.00	Coinurance billed to program beneficiaries		23,450	63.00
64.00	Allowable bad debts (see instructions)		33,318	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		21,657	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,115	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,755,150	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)		19,674	70.93
70.94	HRR adjustment amount (see instructions)		-51,140	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 7:03 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)		204,766	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,518,918	71.00
71.01	Sequestration adjustment (see instructions)		370,378	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		18,121,226	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)		27,314	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		511,695	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	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0026

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 7:03 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,789,995	0	11,789,995		11,789,995	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,968,245	0		3,968,245	3,968,245	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,516,666	0	1,134,383	382,283	1,516,666	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0723	0.0723	0.0723	0.0723		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	284,830	0	213,104	71,726	284,830	11.00
11.01	Uncompensated care payments	36.00	1,592,319	0	1,039,457	552,862	1,592,319	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,152,055	0	14,176,939	4,975,116	19,152,055	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,152,055	0	14,176,939	4,975,116	19,152,055	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,355,998	0	0	1,355,998	1,355,998	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0026

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 7:03 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	14,176,939	6,331,114	20,508,053	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,272,862	0	0	1,272,862	1,272,862	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	25,603	0	0	25,603	25,603	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0452	0.0452	0.0452	0.0452		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	57,533	0	0	57,533	57,533	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,355,998	0	0	1,355,998	1,355,998	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0026

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 7:03 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,789,995	11,789,995		11,789,995	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,968,245		3,968,245	3,968,245	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,516,666	1,006,267	510,399	1,516,666	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0723	0.0723	0.0723		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	284,830	213,104	71,726	284,830	11.00
11.01	Uncompensated care payments	36.00	1,592,319	1,039,457	552,862	1,592,319	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	19,152,055	14,048,823	5,103,232	19,152,055	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,152,055	14,048,823	5,103,232	19,152,055	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,355,998	1,015,773	340,225	1,355,998	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			15,064,596	5,443,457	20,508,053	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0026

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 7:03 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,272,862	952,723	320,139	1,272,862	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	25,603	19,987	5,616	25,603	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0452	0.0452	0.0452		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	57,533	43,063	14,470	57,533	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,355,998	1,015,773	340,225	1,355,998	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	19,674	7,898	11,776	19,674	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-51,140	-45,981	-5,159	-51,140	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		150,265	54,501	204,766	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 7:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		42,581	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,704,661	2.00
3.00	OPPS payments		21,499,590	3.00
4.00	Outlier payment (see instructions)		445,667	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		26,511	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		42,581	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		66,540	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)		66,540	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)		66,540	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		23,959	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)		42,581	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)		21,971,768	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		136	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,864,903	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)		18,149,310	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)		18,149,310	30.00
31.00	Primary payer payments		2,390	31.00
32.00	Subtotal (line 30 minus line 31)		18,146,920	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)		290,116	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		188,575	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		235,536	36.00
37.00	Subtotal (see instructions)		18,335,495	37.00
38.00	MSP-LCC reconciliation amount from PS&R		44	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)		18,335,451	40.00
40.01	Sequestration adjustment (see instructions)		366,709	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,889,412	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		79,330	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		385,903	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: 15-0026

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 7:03 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		18,121,226		17,889,412	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)		18,121,226		17,889,412	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		27,314		79,330	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,148,540		17,968,742	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: 15-0026

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Title XVIII		Hospital	PPS
			1.00

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

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

Provider CCN: 15-0026

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

Worksheet G

Date/Time Prepared:
5/28/2019 7:03 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	1,056,720	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	105,709,703	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-62,442,644	0	0	0	6.00
7.00	Inventory	5,395,670	0	0	0	7.00
8.00	Prepaid expenses	5,328,279	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)	55,047,728	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,027,467	0	0	0	12.00
13.00	Land improvements	2,736,366	0	0	0	13.00
14.00	Accumulated depreciation	-1,751,510	0	0	0	14.00
15.00	Buildings	113,518,308	0	0	0	15.00
16.00	Accumulated depreciation	-42,181,693	0	0	0	16.00
17.00	Leasehold improvements	36,948	0	0	0	17.00
18.00	Accumulated depreciation	-36,948	0	0	0	18.00
19.00	Fixed equipment	18,768,387	0	0	0	19.00
20.00	Accumulated depreciation	-7,891,317	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	112,448,891	0	0	0	23.00
24.00	Accumulated depreciation	-73,408,973	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)	126,265,926	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	203,532,704	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	203,532,704	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	384,846,358	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,964,018	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,094,098	0	0	0	38.00
39.00	Payroll taxes payable	378,575	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,648,151	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,625,642	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,710,484	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	30,465,212	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	376,166	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,841,378	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	61,551,862	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	323,294,496				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)	323,294,496	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	384,846,358	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0026

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 7:03 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		321,563,193		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,728,854			2.00
3.00	Total (sum of line 1 and line 2)		324,292,047		0	3.00
4.00	TEMPORARILY RESTRICTED ASSETS	528,153		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)		528,153		0	10.00
11.00	Subtotal (line 3 plus line 10)		324,820,200		0	11.00
12.00	EQUITY TRANSFER	1,525,704		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1,525,704		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		323,294,496		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TEMPORARILY RESTRICTED ASSETS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	EQUITY TRANSFER		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0026

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	42,372,712		42,372,712	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,372,712		42,372,712	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,868,886		12,868,886	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,868,886		12,868,886	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	55,241,598		55,241,598	17.00
18.00	Ancillary services	157,147,974	399,691,371	556,839,345	18.00
19.00	Outpatient services	8,133,386	47,091,217	55,224,603	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		2,534,391	2,534,391	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	5,141,691	5,141,691	26.00
27.00	PROFESSIONAL REVENUE	1,411,651	17,987,560	19,399,211	27.00
27.01	NON REIMBURSABLE	0	816,495	816,495	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	221,934,609	473,262,725	695,197,334	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		251,217,751		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)		251,217,751		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0026

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 7:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	695,197,334	1.00
2.00	Less contractual allowances and discounts on patients' accounts	439,170,238	2.00
3.00	Net patient revenues (line 1 minus line 2)	256,027,096	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	251,217,751	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,809,345	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	4,069,470	6.00
7.00	Income from investments	-12,278,668	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	83,208	10.00
11.00	Rebates and refunds of expenses	1,330,722	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	337,528	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	1,447,137	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON OPER REVENUE	2,930,112	24.00
25.00	Total other income (sum of lines 6-24)	-2,080,491	25.00
26.00	Total (line 5 plus line 25)	2,728,854	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)	2,728,854	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0026

Period: From 01/01/2018

Worksheet H

HHA CCN: 15-7174

To 12/31/2018

Date/Time Prepared: 5/28/2019 7:03 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	941,300	0	92,349	190,066	1,359,346	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	887,296	0	0	0	887,296	6.00
7.00	Physical Therapy	384,765	0	0	0	384,765	7.00
8.00	Occupational Therapy	158,085	0	0	0	158,085	8.00
9.00	Speech Pathology	52,697	0	0	0	52,697	9.00
10.00	Medical Social Services	98,595	0	0	0	98,595	10.00
11.00	Home Health Aide	68,608	0	0	0	68,608	11.00
12.00	Supplies (see instructions)	0	0	0	74,133	74,133	12.00
13.00	Drugs	0	0	0	-639	-639	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,591,346	0	92,349	190,066	3,082,886	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	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	1,359,346	0	1,359,346		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	887,296	0	887,296		6.00
7.00	Physical Therapy	0	384,765	0	384,765		7.00
8.00	Occupational Therapy	0	158,085	0	158,085		8.00
9.00	Speech Pathology	0	52,697	0	52,697		9.00
10.00	Medical Social Services	0	98,595	0	98,595		10.00
11.00	Home Health Aide	0	68,608	0	68,608		11.00
12.00	Supplies (see instructions)	-53,085	21,048	0	21,048		12.00
13.00	Drugs	639	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-52,446	3,030,440	0	3,030,440		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: 15-0026 HHA CCN: 15-7174		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part I Date/Time Prepared: 5/28/2019 7:03 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	1,359,346	0	0	0	1,359,346	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	887,296	0	0	0	887,296	6.00
7.00	Physical Therapy	384,765	0	0	0	384,765	7.00
8.00	Occupational Therapy	158,085	0	0	0	158,085	8.00
9.00	Speech Pathology	52,697	0	0	0	52,697	9.00
10.00	Medical Social Services	98,595	0	0	0	98,595	10.00
11.00	Home Health Aide	68,608	0	0	0	68,608	11.00
12.00	Supplies (see instructions)	21,048	0	0	0	21,048	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)	3,030,440	0	0	0	3,030,440	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,359,346					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	721,768	1,609,064				6.00
7.00	Physical Therapy	312,986	697,751				7.00
8.00	Occupational Therapy	128,594	286,679				8.00
9.00	Speech Pathology	42,866	95,563				9.00
10.00	Medical Social Services	80,202	178,797				10.00
11.00	Home Health Aide	55,809	124,417				11.00
12.00	Supplies (see instructions)	17,121	38,169				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,030,440				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0026
HHA CCN: 15-7174

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

Worksheet H-1
Part II
Date/Time Prepared:
5/28/2019 7:03 pm

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Home Health Agency I	Administrative & General (ACCUM. COST)	PPS
		Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						
GENERAL SERVICE COST CENTERS									
1.00	Capital Related - Bldg. & Fixtures	0				0			1.00
2.00	Capital Related - Movable Equipment		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	-1,359,346		1,671,094	5.00
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	0	0	0	0	0		887,296	6.00
7.00	Physical Therapy	0	0	0	0	0		384,765	7.00
8.00	Occupational Therapy	0	0	0	0	0		158,085	8.00
9.00	Speech Pathology	0	0	0	0	0		52,697	9.00
10.00	Medical Social Services	0	0	0	0	0		98,595	10.00
11.00	Home Health Aide	0	0	0	0	0		68,608	11.00
12.00	Supplies (see instructions)	0	0	0	0	0		21,048	12.00
13.00	Drugs	0	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0		0	14.00
HHA NONREIMBURSABLE SERVICES									
15.00	Home Dialysis Aide Services	0	0	0	0	0		0	15.00
16.00	Respiratory Therapy	0	0	0	0	0		0	16.00
17.00	Private Duty Nursing	0	0	0	0	0		0	17.00
18.00	Clinic	0	0	0	0	0		0	18.00
19.00	Health Promotion Activities	0	0	0	0	0		0	19.00
20.00	Day Care Program	0	0	0	0	0		0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0		0	21.00
22.00	Homemaker Service	0	0	0	0	0		0	22.00
23.00	All Others (specify)	0	0	0	0	0		0	23.00
23.50	Telemedicine	0	0	0	0	0		0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,359,346		1,671,094	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0		1,359,346	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000			0.813447	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2018

Worksheet H-2 Part I

HHA CCN: 15-7174

To 12/31/2018

Date/Time Prepared: 5/28/2019 7:03 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	10,410	22,178	340,785	11,278	384,651	1.00	
1.00 Administrative and General	0	10,410	22,178	340,785	11,278	384,651	1.00	
2.00 Skilled Nursing Care	1,609,064	0	0	321,233	0	1,930,297	2.00	
3.00 Physical Therapy	697,751	0	0	139,299	0	837,050	3.00	
4.00 Occupational Therapy	286,679	0	0	57,232	0	343,911	4.00	
5.00 Speech Pathology	95,563	0	0	19,078	0	114,641	5.00	
6.00 Medical Social Services	178,797	0	0	35,695	0	214,492	6.00	
7.00 Home Health Aide	124,417	0	0	24,839	0	149,256	7.00	
8.00 Supplies (see instructions)	38,169	0	0	0	0	38,169	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)	3,030,440	10,410	22,178	938,161	11,278	4,012,467	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.02	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	45,772	0	72,479	0	31,521	0	1.00	
2.00 Skilled Nursing Care	229,697	0	0	0	0	0	2.00	
3.00 Physical Therapy	99,606	0	0	0	0	0	3.00	
4.00 Occupational Therapy	40,924	0	0	0	0	0	4.00	
5.00 Speech Pathology	13,642	0	0	0	0	0	5.00	
6.00 Medical Social Services	25,524	0	0	0	0	0	6.00	
7.00 Home Health Aide	17,761	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	4,542	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)	477,468	0	72,479	0	31,521	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: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part I Date/Time Prepared: 5/28/2019 7:03 pm
				HHA CCN: 15-7174	Home Health Agency I	PPS

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	16,749	0	0	1,430	0	17,982	1.00
2.00	Skilled Nursing Care	11,298	0	0	0	0	0	2.00
3.00	Physical Therapy	3,689	0	0	0	0	0	3.00
4.00	Occupational Therapy	2,244	0	0	0	0	0	4.00
5.00	Speech Pathology	532	0	0	0	0	0	5.00
6.00	Medical Social Services	1,282	0	0	0	0	0	6.00
7.00	Home Health Aide	1,901	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)	37,695	0	0	1,430	0	17,982	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		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
		17.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 15-0026

Period:

Worksheet H-2

HHA CCN: 15-7174

From 01/01/2018
To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 7:03 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	570,584	0	570,584				1.00
2.00 Skilled Nursing Care	2,171,292	0	2,171,292	303,621	2,474,913		2.00
3.00 Physical Therapy	940,345	0	940,345	131,491	1,071,836		3.00
4.00 Occupational Therapy	387,079	0	387,079	54,126	441,205		4.00
5.00 Speech Pathology	128,815	0	128,815	18,013	146,828		5.00
6.00 Medical Social Services	241,298	0	241,298	33,741	275,039		6.00
7.00 Home Health Aide	168,918	0	168,918	23,620	192,538		7.00
8.00 Supplies (see instructions)	42,711	0	42,711	5,972	48,683		8.00
9.00 Drugs	0	0	0	0	0		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)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	4,651,042	0	4,651,042	570,584	4,651,042		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.				0.139833			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: 15-0026
HHA CCN: 15-7174

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

Worksheet H-2 Part II
Date/Time Prepared: 5/28/2019 7:03 pm

		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
Cost Center Description		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
1.00	2.00	4.00	5.01					
1.00	Administrative and General	5,125	31,583	941,300	2,534,391	0	384,651	1.00
2.00	Skilled Nursing Care	0	0	887,296	0	0	1,930,297	2.00
3.00	Physical Therapy	0	0	384,765	0	0	837,050	3.00
4.00	Occupational Therapy	0	0	158,085	0	0	343,911	4.00
5.00	Speech Pathology	0	0	52,697	0	0	114,641	5.00
6.00	Medical Social Services	0	0	98,595	0	0	214,492	6.00
7.00	Home Health Aide	0	0	68,608	0	0	149,256	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	38,169	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	5,125	31,583	2,591,346	2,534,391	0	4,012,467	20.00
21.00	Total cost to be allocated	10,410	22,178	938,161	11,278	0	477,468	21.00
22.00	Unit cost multiplier	2.031220	0.702213	0.362036	0.004450	0	0.118996	22.00
Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
6.00	7.00	8.00	9.00	10.00	11.00			
1.00	Administrative and General	0	5,125	0	5,125	0	34,411	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	23,211	2.00
3.00	Physical Therapy	0	0	0	0	0	7,578	3.00
4.00	Occupational Therapy	0	0	0	0	0	4,611	4.00
5.00	Speech Pathology	0	0	0	0	0	1,092	5.00
6.00	Medical Social Services	0	0	0	0	0	2,633	6.00
7.00	Home Health Aide	0	0	0	0	0	3,905	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	5,125	0	5,125	0	77,441	20.00
21.00	Total cost to be allocated	0	72,479	0	31,521	0	37,695	21.00
22.00	Unit cost multiplier	0.000000	14.142244	0.000000	6.150439	0.000000	0.486758	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0026
HHA CCN: 15-7174

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

Worksheet H-2
Part II
Date/Time Prepared:
5/28/2019 7:03 pm
PPS

Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	12.00	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	38,300	0	2,534,391	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	38,300	0	2,534,391	0	20.00
21.00 Total cost to be allocated	0	0	1,430	0	17,982	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.037337	0.000000	0.007095	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	19.00	20.00	21.00	22.00	23.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	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)	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0026 HHA CCN: 15-7174		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part I Date/Time Prepared: 5/28/2019 7:03 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	2,474,913		2,474,913	7,921	312.45		1.00
2.00	Physical Therapy	3.00	1,071,836	0	1,071,836	2,981	359.56		2.00
3.00	Occupational Therapy	4.00	441,205	0	441,205	1,316	335.26		3.00
4.00	Speech Pathology	5.00	146,828	0	146,828	200	734.14		4.00
5.00	Medical Social Services	6.00	275,039		275,039	498	552.29		5.00
6.00	Home Health Aide	7.00	192,538		192,538	1,817	105.96		6.00
7.00	Total (sum of lines 1-6)		4,602,359	0	4,602,359	14,733			7.00
Program Visits									
Part B									
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	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		21140	0	2,880				8.00
8.01	Skilled Nursing Care		23060	0	10				8.01
8.02	Skilled Nursing Care		99915	0	843				8.02
9.00	Physical Therapy		21140	0	1,248				9.00
9.01	Physical Therapy		23060	0	11				9.01
9.02	Physical Therapy		99915	0	275				9.02
10.00	Occupational Therapy		21140	0	519				10.00
10.01	Occupational Therapy		23060	0	6				10.01
10.02	Occupational Therapy		99915	0	144				10.02
11.00	Speech Pathology		21140	0	74				11.00
11.01	Speech Pathology		23060	0	6				11.01
11.02	Speech Pathology		99915	0	2				11.02
12.00	Medical Social Services		21140	0	162				12.00
12.01	Medical Social Services		23060	0	2				12.01
12.02	Medical Social Services		99915	0	86				12.02
13.00	Home Health Aide		21140	0	688				13.00
13.01	Home Health Aide		23060	0	0				13.01
13.02	Home Health Aide		99915	0	237				13.02
14.00	Total (sum of lines 8-13)			0	7,193				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	48,683	0	48,683	0	0.000000		15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		16.00
Program Visits									
Cost of Services									
Cost Center Description		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	3,733		0	1,166,376			1.00
2.00	Physical Therapy	0	1,534		0	551,565			2.00
3.00	Occupational Therapy	0	669		0	224,289			3.00
4.00	Speech Pathology	0	82		0	60,199			4.00
5.00	Medical Social Services	0	250		0	138,073			5.00
6.00	Home Health Aide	0	925		0	98,013			6.00
7.00	Total (sum of lines 1-6)	0	7,193		0	2,238,515			7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2018

Worksheet H-3

HHA CCN: 15-7174

To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 7:03 pm

Title XVIII

Home Health Agency I

PPS

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
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	184,575	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,166,376						1.00
2.00	Physical Therapy	551,565						2.00
3.00	Occupational Therapy	224,289						3.00
4.00	Speech Pathology	60,199						4.00
5.00	Medical Social Services	138,073						5.00
6.00	Home Health Aide	98,013						6.00
7.00	Total (sum of lines 1-6)	2,238,515						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
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0026 HHA CCN: 15-7174		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part II Date/Time Prepared: 5/28/2019 7:03 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	0.573148	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.444994	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.353181	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.381019	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.643220	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2019 7:03 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	961,039
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	120,936
13.00	Total PPS Reimbursement - LUPA Episodes		0	22,927
14.00	Total PPS Reimbursement - PEP Episodes		0	7,345
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	25,629
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	767
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	1,138,643
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,138,643
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,138,643
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	1,138,643
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	1,138,643
31.01	Sequestration adjustment (see instructions)		0	22,773
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	1,115,870
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: 15-0026
HHA CCN: 15-7174

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

Worksheet H-5
Date/Time Prepared:
5/28/2019 7:03 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		1,115,870	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		1,115,870	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		1,115,870	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: 15-0026

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2018

Date/Time Prepared: 5/28/2019 7:03 pm

		Hospice I				
		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*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		591	591	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	293,823	0	293,823	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	90,044	90,044	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	640	640	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	221,512	221,512	-81,406	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	16,861	16,861	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	247,756	247,756	-247,756	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	226,315	226,315	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
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**	418,895	416,911	835,806	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**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	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**	257,063	0	257,063	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	562	562	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	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
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	969,781	1,221,192	2,190,973	-329,162	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 HOSPI CE COSTS

Provider CCN: 15-0026

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2018

Date/Time Prepared: 5/28/2019 7:03 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	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	591	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	293,823	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	90,044	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	640	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	140,106	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	16,861	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	226,315	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	835,806	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	HOSPI CE AIDE & HOME MAKER SERVICES**	0	257,063	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	562	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
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	HOSPI CE/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	0	1,861,811	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 ROUTINE HOME CARE	Provider CCN: 15-0026 Hospice CCN: 15-1527	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/28/2019 7:03 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						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	414,139	412,178	826,317	0	826,317	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	254,144	0	254,144	0	254,144	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	562	562	0	562	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 *	668,283	412,740	1,081,023	0	1,081,023	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	826,317	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	254,144	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	562	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	1,081,023	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: 15-0026

Period: From 01/01/2018

Worksheet 0-3

Hospice CCN: 15-1527

To 12/31/2018

Date/Time Prepared: 5/28/2019 7:03 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	0 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	1,028	1,023	2,051	0	2,051 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	631	0	631	0	631 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 *	1,659	1,023	2,682	0	2,682 100.00

* 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	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,051	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	631	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	2,682	100.00

* 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: 15-0026 Hospice CCN: 15-1527	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/28/2019 7:03 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		0	0	0	0	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	3,728	3,710	7,438	0	7,438	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	2,288	0	2,288	0	2,288	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 *	6,016	3,710	9,726	0	9,726	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	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	7,438	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	2,288	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	9,726	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: 15-0026

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 15-1527

To 12/31/2018

Date/Time Prepared: 5/28/2019 7:03 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	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	591	0	591	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	293,823	351,194	645,017	3.00
4.00	ADMINISTRATIVE & GENERAL	90,044	303,981	394,025	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	640	0	640	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	140,106	21,420	161,526	10.00
11.00	MEDICAL RECORDS	0	36,480	36,480	11.00
12.00	STAFF TRANSPORTATION	16,861	0	16,861	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	226,315	0	226,315	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,081,023	0	1,081,023	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	2,682	0	2,682	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	9,726	0	9,726	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	1,861,811	713,075	2,574,886	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 7:03 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	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	591		591		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	645,017	0	0	645,017	3.00
4.00	ADMINISTRATIVE & GENERAL	394,025	0	591	645,017	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	640	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	161,526	0	0	0	10.00
11.00	MEDICAL RECORDS	36,480	0	0	0	11.00
12.00	STAFF TRANSPORTATION	16,861	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	226,315	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,081,023			0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	2,682	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	9,726	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	2,574,886	0	591	645,017	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 7:03 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 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	1,039,633					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	433	0		0	1,073	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	109,381	0		0		10.00
11.00 MEDICAL RECORDS	24,703	0		0		11.00
12.00 STAFF TRANSPORTATION	11,418	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	153,255	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	732,041					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	1,816	0	0	0	220	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	6,586	0	0	0	853	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 THIRFT 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	0	0	0	0	0	99.00
100.00 TOTAL	1,039,633	0	0	0	1,073	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2018
To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 7:03 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	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	270,907			10.00
11.00	MEDICAL RECORDS	0		61,183		11.00
12.00	STAFF TRANSPORTATION	0			28,279	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	266,703	60,234	28,279	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	864	195	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	3,340	754	0	53.00
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					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	270,907	61,183	28,279	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2018
To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 7:03 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	0					14.00
15.00	0	0				15.00
16.00	0		379,570			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	0		2,168,280	51.00
52.00	0	0	379,570	0	385,347	52.00
53.00	0	0	0	0	21,259	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	0	0	379,570	0	2,574,886	100.00

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

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2018
To 12/31/2018

Part II
Date/Time Prepared:
5/28/2019 7:03 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	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2,044				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	544,975			3.00
4.00	ADMINISTRATIVE & GENERAL	0	2,044	544,975	-1,039,633	1,535,253	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	640	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	161,526	10.00
11.00	MEDICAL RECORDS	0	0	0	0	36,480	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	16,861	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	226,315	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	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,081,023	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	2,682	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	9,726	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)	0	591	645,017		1,039,633	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.289139	1.183572		0.677174	101.00

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

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2018
To 12/31/2018

Part II
Date/Time Prepared:
5/28/2019 7:03 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	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	292		8.00
9.00	NURSING ADMINISTRATION	0		0		198,103	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 RESPITE CARE	0	0	0	60	198,103	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	232	0	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)				1,073		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	3.674658	0.000000	101.00

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

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2018
To 12/31/2018

Part II
Date/Time Prepared:
5/28/2019 7:03 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	18,818					10.00
11.00	MEDICAL RECORDS		18,818				11.00
12.00	STAFF TRANSPORTATION			20,883			12.00
13.00	VOLUNTEER SERVICE COORDINATION			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						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	18,526	18,526	20,883	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	60	60	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	232	232	0	0	0	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)	270,907	61,183	28,279	0	0	100.00
101.00	UNIT COST MULTIPLIER	14.396163	3.251302	1.354164	0.000000	0.000000	101.00

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

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2018
To 12/31/2018

Part II
Date/Time Prepared:
5/28/2019 7:03 pm

Cost Center Descriptions		Hospice I			
		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	
		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	0			15.00
16.00	OTHER GENERAL SERVICE		405,595		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0		51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	405,595	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	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)	0	379,570	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.935835	0.000000	101.00

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

Provider CCN: 15-0026

Period: From 01/01/2018

Worksheet 0-7

Hospice CCN: 15-1527

To 12/31/2018

Date/Time Prepared: 5/28/2019 7:03 pm

Cost Center Descriptions		From Wkst. C, Part I, 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	0.573148	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.444994	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.353181	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.643220	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.192781	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.381019	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.169330	0	0	0	9.00
10.00	NUTRITION THERAPY	76.00	2.607983	0	0	0	10.00
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
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
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
10.00	NUTRITION THERAPY	0	0	0	0	0	10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0026

Period:

Worksheet 0-8

Hospice CCN: 15-1527

From 01/01/2018
To 12/31/2018

Date/Time Prepared:
5/28/2019 7:03 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)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
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)			2,168,280	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			18,526	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			117.04	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	16,414	0		9.00
10.00	Program cost (line 8 times line 9)	1,921,095	0		10.00
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)			385,347	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			60	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			6,422.45	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	55	0		14.00
15.00	Program cost (line 13 times line 14)	353,235	0		15.00
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)			21,259	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			232	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			91.63	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	158	0		19.00
20.00	Program cost (line 18 times line 19)	14,478	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,574,886	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			18,818	22.00
23.00	Average cost per diem (line 21 divided by line 22)			136.83	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0026	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 7:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,272,862	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,603	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)		59.29	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)		2.86	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.98	8.00
9.00	Sum of lines 7 and 8		21.84	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.52	10.00
11.00	Disproportionate share adjustment (see instructions)		57,533	11.00
12.00	Total prospective capital payments (see instructions)		1,355,998	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