

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: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 5:49 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2019 Time: 5:49 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HENDRICKS REGIONAL HEALTH ( 15-0005 ) 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-95,371	-32,672	0	-237,819	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	-95,371	-32,672	0	-237,819	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: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 5:49 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1000 EAST MAIN STREET			PO Box:				1.00		
2.00	City: DANVILLE			State: IN		Zip Code: 46122-1409		County: HENDRICKS		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			HENDRICKS REGIONAL HEALTH	150005	26900	1	07/01/1966	N P O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		20.00
21.00	Type of Control (see instructions)						9			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		23.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.			188	2,050	0	0	1,311	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 5:49 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
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
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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)					N		60.00	

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

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

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						1.00			
<b>Long Term Care Hospital PPS</b>									
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	
<b>TEFRA Providers</b>									
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		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						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: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 5:49 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		
<b>Miscellaneous Cost Reporting Information</b>						
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:	888,708	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
<b>Transplant Center Information</b>						
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
<b>All Providers</b>						
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: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 5:49 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:		141.00		
142.00	Street:	PO Box:				142.00		
143.00	City:	State:		Zip Code:		143.00		
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
						1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N			155.00
156.00	Subprovider - IPF	N	N	N	N			156.00
157.00	Subprovider - IRF	N	N	N	N			157.00
158.00	SUBPROVIDER							158.00
159.00	SNF	N	N	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00
161.00	CMHC		N	N	N			161.00
						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	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
						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)							170.00
						1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 5:49 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/16/2019	Y	04/16/2019		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 5:49 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>							
<b>Capital Related Cost</b>							
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
<b>Interest Expense</b>							
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
<b>Purchased Services</b>							
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
<b>Provider-Based Physicians</b>							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				N		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		
<b>Home Office Costs</b>							
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
<b>Cost Report Preparer Contact Information</b>							
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.	MI CHAEL		ALESSANDRI NI			41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRI NI@BLUEANDCO.COM			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 5:49 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	DI RECTOR		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: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	121	44,165	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)		121	44,165	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						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		133	48,545	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		133			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,781	187	16,956			1.00
2.00 HMO and other (see instructions)	1,800	3,338				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,781	187	16,956			7.00
8.00 INTENSIVE CARE UNIT	917	0	1,906			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		0	2,903			13.00
14.00 Total (see instructions)	7,698	187	21,765	0.00	1,763.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			85			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,763.00	27.00
28.00 Observation Bed Days		0	2,695			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	24	221			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: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 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)		2,122	2,122	59	5,679	1.00
2.00 HMO and other (see instructions)			504	632		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	2,122	2,122	59	5,679	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet S-3 Part II Date/Time Prepared: 5/29/2019 5:49 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	140,173,694	0	140,173,694	3,511,821.00	39.91	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		8,732,926	0	8,732,926	70,124.00	124.54	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		48,013,306	0	48,013,306	891,226.00	53.87	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		726,321	0	726,321	10,786.11	67.34	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		704,091	0	704,091	6,716.08	104.84	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		22,530,966	0	22,530,966			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		10,362,506	0	10,362,506			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,155,627	0	1,155,627			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	4,584,313	0	4,584,313	49,060.00	93.44	26.00
27.00	Administrative & General	5.00	13,670,164	-912,682	12,757,482	400,412.00	31.86	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2019 5:49 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.)	1,632,482	0	1,632,482	18,603.20	87.75	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,734,594	0	2,734,594	105,896.00	25.82	30.00
31.00	Laundry & Linen Service	375,898	0	375,898	23,727.00	15.84	31.00
32.00	Housekeeping	2,607,310	0	2,607,310	153,861.00	16.95	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,954,277	-1,422,457	531,820	27,841.00	19.10	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,422,457	1,422,457	78,837.00	18.04	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,979,707	0	2,979,707	75,113.00	39.67	38.00
39.00	Central Services and Supply	798,882	0	798,882	36,600.00	21.83	39.00
40.00	Pharmacy	2,226,482	0	2,226,482	55,627.00	40.03	40.00
41.00	Medical Records & Medical Records Library	0	912,682	912,682	43,316.00	21.07	41.00
42.00	Social Service	1,812,249	0	1,812,249	55,135.00	32.87	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2019 5:49 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	133,073,250	0	133,073,250	3,460,300.20	38.46	1.00
2.00	Excluded area salaries (see instructions)	48,013,306	0	48,013,306	891,226.00	53.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	85,059,944	0	85,059,944	2,569,074.20	33.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,430,412	0	1,430,412	17,502.19	81.73	4.00
5.00	Subtotal wage-related costs (see inst.)	22,530,966	0	22,530,966	0.00	26.49	5.00
6.00	Total (sum of lines 3 thru 5)	109,021,322	0	109,021,322	2,586,576.39	42.15	6.00
7.00	Total overhead cost (see instructions)	35,376,358	0	35,376,358	1,124,028.20	31.47	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 5:49 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	6,031,243	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,640,768	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
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)	14,718,635	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	572,317	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)	248,320	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	659,217	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	9,694,734	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	139,936	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	343,929	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	34,049,099	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0005

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 5:49 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.309895	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			8,443,401	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			51,750,942	6.00	
7.00	Medicaid cost (line 1 times line 6)			16,037,358	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)			7,593,957	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)			7,593,957	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,829,021	4,508,903	10,337,924	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,806,384	4,508,903	6,315,287	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)	1,806,384	4,508,903	6,315,287	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)			28,173,009	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			234,632	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			360,972	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			27,812,037	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			8,745,151	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			15,060,438	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,654,395	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		22,456,733	22,456,733	0	22,456,733	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,584,313	17,336,511	21,920,824	4,414,385	26,335,209	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,670,164	62,058,295	75,728,459	-6,331,488	69,396,971	5.00
7.00	00700	OPERATION OF PLANT	2,734,594	8,373,904	11,108,498	2,708	11,111,206	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	375,898	308,374	684,272	35,423	719,695	8.00
9.00	00900	HOUSEKEEPING	2,607,310	774,446	3,381,756	-3,090	3,378,666	9.00
10.00	01000	DIETARY	1,954,277	1,400,336	3,354,613	-2,442,509	912,104	10.00
11.00	01100	CAFETERIA	0	0	0	2,441,718	2,441,718	11.00
13.00	01300	NURSING ADMINISTRATION	2,979,707	695,309	3,675,016	-5,134	3,669,882	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	798,882	615,315	1,414,197	-47,464	1,366,733	14.00
15.00	01500	PHARMACY	2,226,482	10,163,544	12,390,026	-9,789,453	2,600,573	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,839,455	1,839,455	16.00
17.00	01700	SOCIAL SERVICE	1,812,249	268,156	2,080,405	12,817	2,093,222	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	16,929,524	2,757,754	19,687,278	-2,907,288	16,779,990	30.00
31.00	03100	INTENSIVE CARE UNIT	1,951,736	809,026	2,760,762	-138,056	2,622,706	31.00
43.00	04300	NURSERY	13,941	135,565	149,506	640,562	790,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,575,558	8,426,757	11,002,315	-1,581,317	9,420,998	50.00
50.01	05001	ENDOSCOPY	1,167,664	498,208	1,665,872	-235,530	1,430,342	50.01
51.00	05100	RECOVERY ROOM	1,368,080	280,218	1,648,298	-35,836	1,612,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,081	78,376	81,457	1,965,158	2,046,615	52.00
53.00	05300	ANESTHESIOLOGY	5,562,348	883,158	6,445,506	-97,031	6,348,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,616,279	2,313,529	7,929,808	-337,564	7,592,244	54.00
54.01	05401	RADIATION-ONCOLOGY	1,233,646	17,545,757	18,779,403	85,091	18,864,494	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	212,048	236,281	448,329	-1,534	446,795	56.00
59.00	05900	CARDIAC CATHETERIZATION	626,863	1,200,482	1,827,345	-945,426	881,919	59.00
60.00	06000	LABORATORY	2,903,276	5,367,587	8,270,863	3,010	8,273,873	60.00
64.00	06400	INTRAVENOUS THERAPY	895,850	169,511	1,065,361	158,769	1,224,130	64.00
65.00	06500	RESPIRATORY THERAPY	2,203,439	614,798	2,818,237	-76,871	2,741,366	65.00
66.00	06600	PHYSICAL THERAPY	5,320,177	1,856,912	7,177,089	-68,218	7,108,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	451,270	55,152	506,422	17,476	523,898	67.00
68.00	06800	SPEECH PATHOLOGY	233,432	23,802	257,234	-9	257,225	68.00
69.00	06900	ELECTROCARDIOLOGY	837,500	491,713	1,329,213	-34,547	1,294,666	69.00
69.01	06901	CARDIAC REHAB	613,504	26,461	639,965	-8,185	631,780	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	118,229	15,357	133,586	-5	133,581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,068,957	6,068,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,540,667	13,540,667	73.00
73.01	07301	ULTRA SOUND	474,922	100,265	575,187	-38,121	537,066	73.01
74.00	07400	RENAL DIALYSIS	601	147,477	148,078	-633	147,445	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,663,329	4,601,226	6,264,555	-385,203	5,879,352	90.00
91.00	09100	EMERGENCY	5,440,215	2,149,914	7,590,129	-192,923	7,397,206	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,160,388	175,236,209	267,396,597	5,522,761	272,919,358	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,505,397	18,292,186	58,797,583	-5,356,001	53,441,582	192.00
192.01	19201	HEALTH TRACKS	2,944,253	648,390	3,592,643	-49,837	3,542,806	192.01
194.00	07950	PRIMARY CARE CLINIC	1,111,789	1,990,418	3,102,207	-18,113	3,084,094	194.00
194.01	07951	PARTNERS IN CARE	49,056	46,453	95,509	-2,113	93,396	194.01
194.02	07952	OCCUPATIONAL MEDICINE	244,094	611,067	855,161	-36,055	819,106	194.02
194.03	07953	FOUNDATION	194,139	104,891	299,030	-18	299,012	194.03
194.04	07954	SCHOOL & TOWN CLINICS	1,685,551	249,701	1,935,252	-49,726	1,885,526	194.04
194.05	07955	MANAGED FACILITY	197	568,542	568,739	0	568,739	194.05
194.06	07956	RENTAL PROPERTIES	0	214,109	214,109	0	214,109	194.06
194.07	07957	SNF NON CERTIFIED	1,278,830	215,740	1,494,570	-10,898	1,483,672	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	140,173,694	198,177,706	338,351,400	0	338,351,400	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-177,213	22,279,520	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-65,603	26,269,606	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-19,069,396	50,327,575	5.00
7.00	00700	OPERATION OF PLANT	-329,552	10,781,654	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	719,695	8.00
9.00	00900	HOUSEKEEPING	-20	3,378,646	9.00
10.00	01000	DIETARY	-454,351	457,753	10.00
11.00	01100	CAFETERIA	-998,288	1,443,430	11.00
13.00	01300	NURSING ADMINISTRATION	-24,574	3,645,308	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-67,556	1,299,177	14.00
15.00	01500	PHARMACY	-10,935	2,589,638	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,839,455	16.00
17.00	01700	SOCIAL SERVICE	1,271	2,094,493	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,994,817	13,785,173	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,622,706	31.00
43.00	04300	NURSERY	0	790,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-695	9,420,303	50.00
50.01	05001	ENDOSCOPY	0	1,430,342	50.01
51.00	05100	RECOVERY ROOM	0	1,612,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,046,615	52.00
53.00	05300	ANESTHESIOLOGY	-5,311,539	1,036,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-15,603	7,576,641	54.00
54.01	05401	RADIATION-ONCOLOGY	-28,550	18,835,944	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	446,795	56.00
59.00	05900	CARDIAC CATHETERIZATION	-2,946	878,973	59.00
60.00	06000	LABORATORY	-26,430	8,247,443	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,224,130	64.00
65.00	06500	RESPIRATORY THERAPY	-132,178	2,609,188	65.00
66.00	06600	PHYSICAL THERAPY	-416,399	6,692,472	66.00
67.00	06700	OCCUPATIONAL THERAPY	-21,152	502,746	67.00
68.00	06800	SPEECH PATHOLOGY	0	257,225	68.00
69.00	06900	ELECTROCARDIOLOGY	-196,521	1,098,145	69.00
69.01	06901	CARDIAC REHAB	-44,304	587,476	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	133,581	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,068,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,540,667	73.00
73.01	07301	ULTRA SOUND	0	537,066	73.01
74.00	07400	RENAL DIALYSIS	0	147,445	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-69,029	5,810,323	90.00
91.00	09100	EMERGENCY	-19,059	7,378,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,475,439	242,443,919	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	53,441,582	192.00
192.01	19201	HEALTH TRACKS	0	3,542,806	192.01
194.00	07950	PRIMARY CARE CLINIC	0	3,084,094	194.00
194.01	07951	PARTNERS IN CARE	0	93,396	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	819,106	194.02
194.03	07953	FOUNDATION	0	299,012	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	1,885,526	194.04
194.05	07955	MANAGED FACILITY	0	568,739	194.05
194.06	07956	RENTAL PROPERTIES	0	214,109	194.06
194.07	07957	SNF NON CERTIFIED	0	1,483,672	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,475,439	307,875,961	200.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2019 5:49 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUG RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,540,667	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	174,978	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
0			0	13,715,645	
<b>B - MOB PLANT RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,442	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	49,967	2.00
3.00	OPERATION OF PLANT	7.00	0	13,277	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	38,113	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,718	5.00
6.00	SOCIAL SERVICE	17.00	0	13,221	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,057	7.00
8.00	RADIATION-ONCOLOGY	54.01	0	141,397	8.00
9.00	LABORATORY	60.00	0	5,036	9.00
10.00	RESPIRATORY THERAPY	65.00	0	3,046	10.00
11.00	PHYSICAL THERAPY	66.00	0	20,416	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	20,408	12.00
13.00	CLINIC	90.00	0	171,325	13.00
0			0	570,423	
<b>C - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,422,457	1,019,261	1.00
0			1,422,457	1,019,261	
<b>D - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,068,957	1.00
2.00		0.00	0	0	2.00
0			0	6,068,957	
<b>F - MEDICAL SUPPLY RECLASS</b>					
1.00	OPERATING ROOM	50.00	0	3,945,982	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
5/29/2019 5:49 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
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
0			0	3,945,982		
G - HIM RECLASS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	912,682	924,055		1.00
0			912,682	924,055		
H - HEALTH INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,559,568		1.00
2.00	ENDOSCOPY	50.01	0	14		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
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
TOTALS				0	4,559,582	
I - CHILDBIRTH CENTER RECLASS						
1.00	NURSERY	43.00	699,294	1,179		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,741,112	256,026		2.00
TOTALS				2,440,406	257,205	
500.00	Grand Total: Increases		4,775,545	31,061,110		500.00



RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - DRUG RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	152,324	0		1.00
2.00	PHARMACY	15.00	0	9,778,587	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,480	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	121	0		4.00
5.00	NURSERY	43.00	0	840	0		5.00
6.00	OPERATING ROOM	50.00	0	7,419	0		6.00
7.00	ENDOSCOPY	50.01	0	18	0		7.00
8.00	RECOVERY ROOM	51.00	0	1,212	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	213	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	72	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,179	0		11.00
12.00	RADIATION-ONCOLOGY	54.01	0	256	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	20	0		13.00
14.00	LABORATORY	60.00	0	9	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	692	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	3,072	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	20,054	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	30,357	0		18.00
19.00	CARDIAC REHAB	69.01	0	22	0		19.00
20.00	RENAL DIALYSIS	74.00	0	633	0		20.00
21.00	CLINIC	90.00	0	6,317	0		21.00
22.00	EMERGENCY	91.00	0	774	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,590,421	0		23.00
24.00	HEALTH TRACKS	192.01	0	26,067	0		24.00
25.00	PRIMARY CARE CLINIC	194.00	0	2,485	0		25.00
26.00	PARTNERS IN CARE	194.01	0	1,827	0		26.00
27.00	OCCUPATIONAL MEDICINE	194.02	0	31,150	0		27.00
28.00	SCHOOL & TOWN CLINICS	194.04	0	48,024	0		28.00
	<b>O</b>		<b>0</b>	<b>13,715,645</b>			
<b>B - MOB PLANT RECLASS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	570,423	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	<b>O</b>		<b>0</b>	<b>570,423</b>			
<b>C - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	1,422,457	1,019,261	0		1.00
	<b>O</b>		<b>1,422,457</b>	<b>1,019,261</b>			
<b>D - IMPLANTABLE DEVICES</b>							
1.00	CLINIC	90.00	0	549,226	0		1.00
2.00	OPERATING ROOM	50.00	0	5,519,731	0		2.00
	<b>O</b>		<b>0</b>	<b>6,068,957</b>			
<b>F - MEDICAL SUPPLY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,301	0		1.00
2.00	OPERATION OF PLANT	7.00	0	10,372	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	2,629	0		3.00
4.00	HOUSEKEEPING	9.00	0	2,326	0		4.00
5.00	DIETARY	10.00	0	313	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	4,937	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	47,400	0		7.00
8.00	PHARMACY	15.00	0	10,706	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	204,939	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	137,839	0		10.00
11.00	NURSERY	43.00	0	59,071	0		11.00
12.00	ENDOSCOPY	50.01	0	235,526	0		12.00
13.00	RECOVERY ROOM	51.00	0	34,552	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,767	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	96,617	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	407,186	0		16.00
17.00	RADIATION-ONCOLOGY	54.01	0	55,975	0		17.00
18.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	1,524	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	945,377	0		19.00
20.00	LABORATORY	60.00	0	1,841	0		20.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2019 5:49 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
21.00	INTRAVENOUS THERAPY	64.00	0	15,485	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	76,710	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	68,188	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	2,909	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	0	839	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	4,139	0		26.00
27.00	CARDIAC REHAB	69.01	0	8,126	0		27.00
28.00	ULTRA SOUND	73.01	0	37,730	0		28.00
29.00	CLINIC	90.00	0	863	0		29.00
30.00	EMERGENCY	91.00	0	191,810	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,189,329	0		31.00
32.00	HEALTH TRACKS	192.01	0	23,582	0		32.00
33.00	PRIMARY CARE CLINIC	194.00	0	15,550	0		33.00
34.00	PARTNERS IN CARE	194.01	0	286	0		34.00
35.00	OCCUPATIONAL MEDICINE	194.02	0	4,886	0		35.00
36.00	SCHOOL & TOWN CLINICS	194.04	0	1,551	0		36.00
37.00	SNF NON CERTIFIED	194.07	0	10,801	0		37.00
			0	3,945,982			
G - HIM RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	912,682	924,055	0		1.00
			912,682	924,055			
H - HEALTH INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,543,879	0		1.00
2.00	OPERATION OF PLANT	7.00	0	197	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	61	0		3.00
4.00	HOUSEKEEPING	9.00	0	764	0		4.00
5.00	DIETARY	10.00	0	478	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	197	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	64	0		7.00
8.00	PHARMACY	15.00	0	160	0		8.00
9.00	SOCIAL SERVICE	17.00	0	404	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,258	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	96	0		11.00
12.00	OPERATING ROOM	50.00	0	149	0		12.00
13.00	RECOVERY ROOM	51.00	0	72	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	342	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,256	0		15.00
16.00	RADIATION-ONCOLOGY	54.01	0	75	0		16.00
17.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	10	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	29	0		18.00
19.00	LABORATORY	60.00	0	176	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	32	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	135	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	392	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	23	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	9	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	51	0		25.00
26.00	CARDIAC REHAB	69.01	0	37	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	5	0		27.00
28.00	ULTRA SOUND	73.01	0	391	0		28.00
29.00	CLINIC	90.00	0	122	0		29.00
30.00	EMERGENCY	91.00	0	339	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,828	0		31.00
32.00	HEALTH TRACKS	192.01	0	188	0		32.00
33.00	PRIMARY CARE CLINIC	194.00	0	78	0		33.00
34.00	OCCUPATIONAL MEDICINE	194.02	0	19	0		34.00
35.00	FOUNDATION	194.03	0	18	0		35.00
36.00	SCHOOL & TOWN CLINICS	194.04	0	151	0		36.00
37.00	SNF NON CERTIFIED	194.07	0	97	0		37.00
	TOTALS		0	4,559,582			
I - CHILDBIRTH CENTER RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,440,406	257,205	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,440,406	257,205			
500.00	Grand Total: Decreases		4,775,545	31,061,110			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	28,602,369	0	0	0	3,592,024	1.00
2.00	Land Improvements	16,423,618	0	0	0	6,430,081	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	240,688,423	45,318,223	0	45,318,223	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	162,139,929	58,894,681	0	58,894,681	55,890,961	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	447,854,339	104,212,904	0	104,212,904	65,913,066	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	447,854,339	104,212,904	0	104,212,904	65,913,066	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	25,010,345	0				1.00
2.00	Land Improvements	9,993,537	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	286,006,646	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	165,143,649	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	486,154,177	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	486,154,177	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2019 5:49 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	NEW CAP REL COSTS-BLDG & FIXT	22,456,733	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	22,456,733	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	22,456,733				
3.00	Total (sum of lines 1-2)	0	22,456,733				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/29/2019 5:49 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	22,474,038	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	22,474,038	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	NEW CAP REL COSTS-BLDG & FIXT	-194,518	0	0	0	22,279,520	1.00
3.00	Total (sum of lines 1-2)	-194,518	0	0	0	22,279,520	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:  
5/29/2019 5:49 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-194,518	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)	A	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,905,634			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	-998,288	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:  
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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 1993 CARRYFORWARD	A	14,017	NEW CAP REL COSTS-BLDG & FI XT		1.00	9 33.00
33.01 1994 CARRYFORWARD	A	3,288	NEW CAP REL COSTS-BLDG & FI XT		1.00	9 33.01
33.06 ADMIN TTING TELEPHONE (EQUI PMENT)	A	-939	ADMINI STRATI VE & GENERAL		5.00	0 33.06
33.07 ADMIN TTING TELEPHONE (SALARY)	A	-6,004	ADMINI STRATI VE & GENERAL		5.00	0 33.07
33.08 MARKETI NG DEPARTMENT	A	-4,295,223	ADMINI STRATI VE & GENERAL		5.00	0 33.08
33.09 PHYSICI AN RECRUI TMENT	A	-4,486,540	ADMINI STRATI VE & GENERAL		5.00	0 33.09
33.10 I HA LOBBYI NG EXPENSE	A	-6,077	ADMINI STRATI VE & GENERAL		5.00	0 33.10
33.11 AHA LOBBYI NG EXPENSE	A	-6,162	ADMINI STRATI VE & GENERAL		5.00	0 33.11
34.00 HOSPI TAL ASSESSMENT FEE	A	-6,629,817	ADMINI STRATI VE & GENERAL		5.00	0 34.00
35.00 MEALS ON WHEELS	A	-454,351	DI ETARY		10.00	0 35.00
36.00 HUMAN RESOURCES JURY DUTY RECEI PTS	B	-245	EMPLOYEE BENEFI TS DEPARTMENT		4.00	0 36.00
37.00 HRH WELLNESS ED DEPARTMENT COURSES	B	-64,665	EMPLOYEE BENEFI TS DEPARTMENT		4.00	0 37.00
38.00 EMPLOYEE BENEFI TS MI SC REV	B	-693	EMPLOYEE BENEFI TS DEPARTMENT		4.00	0 38.00
39.00 REGI STRATI ON ANSWERI NG SERVI CE	B	-651	ADMINI STRATI VE & GENERAL		5.00	0 39.00
40.00 REVENUE - OTHER NON-OPERATI NG-CHAPLA	B	-1,611	ADMINI STRATI VE & GENERAL		5.00	0 40.00
41.00 REVENUE - OTHER OPERATI NG-ADMINI STRA	B	0	ADMINI STRATI VE & GENERAL		5.00	0 41.00
43.00 REVENUE - OTHER OPERATI NG-FI Nanci al	B	0	ADMINI STRATI VE & GENERAL		5.00	0 43.00
44.00 REVENUE - OTHER OPERATI NG-GI FT SHOP	B	-436,608	ADMINI STRATI VE & GENERAL		5.00	0 44.00
45.00 REVENUE - OTHER OPERATI NG-OPERATI ONA	B	-150	ADMINI STRATI VE & GENERAL		5.00	0 45.00
45.01 REVENUE - OTHER OPERATI NG-REVENUE CY	B	-3,288	ADMINI STRATI VE & GENERAL		5.00	0 45.01
45.02 REVENUE - OTHER OPERATI NG-VOLUNTEER	B	-26,488	ADMINI STRATI VE & GENERAL		5.00	0 45.02
45.03 REVENUE - OTHER NON-OPERATI NG-HOSPI T	B	1,450	ADMINI STRATI VE & GENERAL		5.00	0 45.03
45.04 REVENUE - OTHER OPERATI NG	B	-1,100,619	ADMINI STRATI VE & GENERAL		5.00	0 45.04
45.05 REVENUE - OTHER OPERATI NG-HOSPI TAL O	B	588,972	ADMINI STRATI VE & GENERAL		5.00	0 45.05
45.06 TRI MEDX MI SC	B	-348,642	OPERATI ON OF PLANT		7.00	0 45.06
45.07 REVENUE - OTHER OPERATI NG-ENGI NEERI N	B	19,090	OPERATI ON OF PLANT		7.00	0 45.07
45.08 REVENUE OTHER OP SUPPORT SERVI CES	B	-20	HOUSEKEEPI NG		9.00	0 45.08
45.09 STAFF EDUCATI ON ED DEPT COURSES	B	-24,574	NURSI NG ADMINI STRATI ON		13.00	0 45.09
45.10 OTHER OPERATI NG PHARMACY	B	-10,935	PHARMACY		15.00	0 45.10
45.11 MATERI ALS MGMT. SUPPLI ES SOLD TO OTH	B	-67,556	CENTRAL SERVI CES & SUPPLY		14.00	0 45.11
45.12 REVENUE - OTHER OPERATI NG-TRANSI TION	B	1,271	SOCI AL SERVI CE		17.00	0 45.12
45.13 CBC - OB UNI T ED DEPT COURSES	B	-5,622	ADULTS & PEDI ATRI CS		30.00	0 45.13
45.14 CARDI AC CATH LAB	B	-2,946	CARDI AC CATHETERI ZATI ON		59.00	0 45.14
45.15 OTHER OPERATI NG OR	B	-675	OPERATI NG ROOM		50.00	0 45.15
45.16 RAD ONCOLOGY SALE OF X-RAYS	B	-20,150	RADI ATI ON-ONCOLOGY		54.01	0 45.16
45.17 LABORATORY MI SC. SERVI CES	B	-26,430	LABORATORY		60.00	9 45.17
45.18 REVENUE - OTHER OPERATI NG-HRH SPORTS	B	-4,553	PHYSI CAL THERAPY		66.00	0 45.18
45.19 REVENUE - OTHER OPERATI NG-PHYSI CAL T	B	-3,195	PHYSI CAL THERAPY		66.00	0 45.19
45.20 REVENUE - OTHER OPERATI NG-PHYSI CAL T	B	-2,454	PHYSI CAL THERAPY		66.00	0 45.20
45.21 REVENUE - OTHER OPERATI NG-PHYSI CAL T	B	-699	PHYSI CAL THERAPY		66.00	9 45.21
45.22 REVENUE - OTHER OPERATI NG-PHYSI CAL T	B	-6,034	PHYSI CAL THERAPY		66.00	0 45.22
45.23 REVENUE - OTHER OPERATI NG-SPORTS MED	B	-15,147	PHYSI CAL THERAPY		66.00	0 45.23
45.24 OCC THER ED DEPT CO	B	-21,152	OCCUPATI ONAL THERAPY		67.00	0 45.24
45.25 RESPI RATORY THERAPY	B	-132,178	RESPI RATORY THERAPY		65.00	0 45.25
45.26 HIBBELN SUR CNT MISCELLANEOUS	B	-69,029	CLINI C		90.00	0 45.26

Provider CCN: 15-0005      Period: From 01/01/2018 To 12/31/2018      Worksheet A-8  
 Date/Time Prepared: 5/29/2019 5:49 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	4.00	5.00	
45.27 REVENUE - OTHER OPERATING-EMERGENCY	B	-500	EMERGENCY	91.00	0	45.27
45.28 EMS PROGRAM ED DEPT COURSES	B	-18,520	EMERGENCY	91.00	0	45.28
45.29 REVENUE OTHER OPERATING - CARDIAC RE	B	-44,304	CARDIAC REHAB	69.01	0	45.29
45.30 HIP ASSESSMENT FEE	A	-2,659,641	ADMINISTRATIVE & GENERAL	5.00	0	45.30
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,475,439				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: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2019 5:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,989,195	2,989,195	0	174,600	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	13,310	0	13,310	206,300	134	3.00
4.00	53.00	ANESTHESIOLOGY	5,311,539	5,311,539	0	233,500	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	105,955	0	105,955	265,200	831	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	15,600	15,600	0	265,200	0	6.00
7.00	54.01	RADIATION-ONCOLOGY	8,400	8,400	0	206,300	0	7.00
8.00	60.00	LABORATORY	77,023	0	77,023	253,900	631	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	384,317	384,317	0	206,300	0	11.00
13.00	69.00	ELECTROCARDIOLOGY	196,521	196,521	0	206,300	0	13.00
14.00	91.00	EMERGENCY	483,403	0	483,403	206,300	4,874	14.00
15.00	91.00	EMERGENCY	10,850	0	10,850	206,300	109	15.00
16.00	91.00	EMERGENCY	13,550	0	13,550	206,300	137	16.00
200.00			9,609,663	8,905,572	704,091		6,716	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	13,290	665	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	105,952	5,298	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.01	RADIATION-ONCOLOGY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	77,024	3,851	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	483,416	24,171	0	0	0	14.00
15.00	91.00	EMERGENCY	10,811	541	0	0	0	15.00
16.00	91.00	EMERGENCY	13,588	679	0	0	0	16.00
200.00			704,081	35,205	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,989,195		1.00
2.00	0.00		0	0	0	0		2.00
3.00	50.00	OPERATING ROOM	0	13,290	20	20		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	5,311,539		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	105,952	3	3		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	15,600		6.00
7.00	54.01	RADIATION-ONCOLOGY	0	0	0	8,400		7.00
8.00	60.00	LABORATORY	0	77,024	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	384,317		11.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	196,521		13.00
14.00	91.00	EMERGENCY	0	483,416	0	0		14.00
15.00	91.00	EMERGENCY	0	10,811	39	39		15.00
16.00	91.00	EMERGENCY	0	13,588	0	0		16.00
200.00			0	704,081	62	8,905,634		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADM NI STRATI VE & GENERAL		
		NEW BLDG & FIXT					
	0	1.00	4.00	4A	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	22,279,520	22,279,520			1.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,269,606	170,880	26,440,486		4.00	
5.00 00500	ADM NI STRATI VE & GENERAL	50,327,575	1,306,504	2,487,760	54,121,839	5.00	
7.00 00700	OPERATION OF PLANT	10,781,654	2,900,262	533,257	14,215,173	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	719,695	243,071	73,302	1,036,068	8.00	
9.00 00900	HOUSEKEEPING	3,378,646	109,116	508,436	3,996,198	9.00	
10.00 01000	DI ETARY	457,753	428,082	103,707	989,542	10.00	
11.00 01100	CAFETERIA	1,443,430	76,023	277,385	1,796,838	11.00	
13.00 01300	NURSI NG ADM NI STRATION	3,645,308	221,273	581,055	4,447,636	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	1,299,177	413,235	155,785	1,868,197	14.00	
15.00 01500	PHARMACY	2,589,638	174,713	434,173	3,198,524	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,839,455	167,124	177,977	2,184,556	16.00	
17.00 01700	SOCIAL SERVICE	2,094,493	80,495	353,396	2,528,384	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	13,785,173	1,946,865	2,825,436	18,557,474	30.00	
31.00 03100	INTENSIVE CARE UNIT	2,622,706	225,157	380,596	3,228,459	31.00	
43.00 04300	NURSERY	790,068	42,624	139,084	971,776	43.00	
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	9,420,303	465,033	502,244	10,387,580	50.00	
50.01 05001	ENDOSCOPY	1,430,342	266,631	227,699	1,924,672	50.01	
51.00 05100	RECOVERY ROOM	1,612,462	700,463	266,781	2,579,706	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,046,615	144,560	340,125	2,531,300	52.00	
53.00 05300	ANESTHESIOLOGY	1,036,936	0	1,084,680	2,121,616	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,576,641	840,449	1,095,197	9,512,287	54.00	
54.01 05401	RADIATION-ONCOLOGY	18,835,944	503,135	240,566	19,579,645	54.01	
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	446,795	13,467	41,350	501,612	56.00	
59.00 05900	CARDIAC CATHETERIZATION	878,973	243,607	122,241	1,244,821	59.00	
60.00 06000	LABORATORY	8,247,443	296,504	566,150	9,110,097	60.00	
64.00 06400	INTRAVENOUS THERAPY	1,224,130	85,018	174,694	1,483,842	64.00	
65.00 06500	RESPIRATORY THERAPY	2,609,188	293,974	429,679	3,332,841	65.00	
66.00 06600	PHYSICAL THERAPY	6,692,472	595,768	1,037,456	8,325,696	66.00	
67.00 06700	OCCUPATIONAL THERAPY	502,746	154,628	87,999	745,373	67.00	
68.00 06800	SPEECH PATHOLOGY	257,225	60,691	45,520	363,436	68.00	
69.00 06900	ELECTROCARDIOLOGY	1,098,145	106,969	163,316	1,368,430	69.00	
69.01 06901	CARDIAC REHAB	587,476	155,906	119,636	863,018	69.01	
70.00 07000	ELECTROENCEPHALOGRAPHY	133,581	68,536	23,055	225,172	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	6,068,957	0	0	6,068,957	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	13,540,667	0	0	13,540,667	73.00	
73.01 07301	ULTRA SOUND	537,066	17,428	92,612	647,106	73.01	
74.00 07400	RENAL DIALYSIS	147,445	0	117	147,562	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	5,810,323	515,273	324,356	6,649,952	90.00	
91.00 09100	EMERGENCY	7,378,147	820,747	1,060,864	9,259,758	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	242,443,919	14,854,211	17,077,686	225,655,810	36,585,622	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	53,441,582	6,217,647	7,898,729	67,557,958	14,408,991	192.00
192.01 19201	HEALTH TRACKS	3,542,806	317,510	574,141	4,434,457	945,803	192.01
194.00 07950	PRIMARY CARE CLINIC	3,084,094	369,896	216,803	3,670,793	782,925	194.00
194.01 07951	PARTNERS IN CARE	93,396	19,804	9,566	122,766	26,184	194.01
194.02 07952	OCCUPATIONAL MEDICINE	819,106	120,948	47,599	987,653	210,652	194.02
194.03 07953	FOUNDATION	299,012	12,343	37,858	349,213	74,482	194.03
194.04 07954	SCHOOL & TOWN CLINICS	1,885,526	29,336	328,689	2,243,551	478,516	194.04
194.05 07955	MANAGED FACILITY	568,739	0	38	568,777	121,312	194.05
194.06 07956	RENTAL PROPERTIES	214,109	0	0	214,109	45,666	194.06
194.07 07957	SNF NON CERTIFIED	1,483,672	337,825	249,377	2,070,874	441,686	194.07
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers				0		201.00
202.00	TOTAL (sum lines 118 through 201)	307,875,961	22,279,520	26,440,486	307,875,961	54,121,839	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	17,247,056				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,257,046			8.00	
9.00	00900	HOUSEKEEPING	234,707	0	5,083,234		9.00	
10.00	01000	DIETARY	920,799	0	171,446	2,292,841	10.00	
11.00	01100	CAFETERIA	163,525	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	475,955	0	39,810	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	851,596	388	97,347	0	14.00	
15.00	01500	PHARMACY	375,806	1,637	22,666	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	298,358	0	42,426	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	3,778	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,868,157	337,764	2,025,097	1,642,487	30.00	
31.00	03100	INTENSIVE CARE UNIT	484,310	47,165	176,677	181,357	31.00	
43.00	04300	NURSERY	91,684	17,900	15,982	276,222	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,000,280	84,066	355,388	0	50.00	
50.01	05001	ENDOSCOPY	573,520	46,216	8,718	0	50.01	
51.00	05100	RECOVERY ROOM	1,506,687	93,792	64,510	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	310,945	66,022	7,555	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	8,136	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	956,472	138,815	201,086	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	8,670	115,654	0	54.01	
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	28,967	0	9,008	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	523,996	0	69,450	0	59.00	
60.00	06000	LABORATORY	495,908	151	139,191	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	182,874	5,085	10,461	0	64.00	
65.00	06500	RESPIRATORY THERAPY	563,846	0	18,307	0	65.00	
66.00	06600	PHYSICAL THERAPY	574,400	85,439	138,029	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	23,800	0	22,085	0	67.00	
68.00	06800	SPEECH PATHOLOGY	130,545	0	8,718	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	230,090	20,222	52,306	0	69.00	
69.01	06901	CARDIAC REHAB	162,481	438	23,247	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	147,420	1,059	48,528	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	37,487	0	9,880	0	73.01	
74.00	07400	RENAL DIALYSIS	0	155	13,658	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	81,307	201,377	0	90.00	
91.00	09100	EMERGENCY	1,243,012	163,258	366,430	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				216,695	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,457,627	1,199,549	4,486,951	2,100,066	2,301,290	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	62,772	35,200	355,388	0	192.00	
192.01	19201	HEALTH TRACKS	0	7,430	122,918	0	192.01	
194.00	07950	PRIMARY CARE CLINIC	0	629	6,102	0	194.00	
194.01	07951	PARTNERS IN CARE	0	818	32,836	0	194.01	
194.02	07952	OCCUPATIONAL MEDICINE	0	2,213	74,390	0	194.02	
194.03	07953	FOUNDATION	0	0	2,034	0	194.03	
194.04	07954	SCHOOL & TOWN CLINICS	0	463	2,615	0	194.04	
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05	
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06	
194.07	07957	SNF NON CERTIFIED	726,657	10,744	0	192,775	42,312	194.07
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)	17,247,056	1,257,046	5,083,234	2,292,841	2,343,602	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	6,005,530					13.00
14.00	01400	0	3,268,026				14.00
15.00	01500	0	0	4,350,338			15.00
16.00	01600	0	0	0	3,045,149		16.00
17.00	01700	0	0	0	0	3,145,068	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,635,317	0	0	304,761	2,255,851	30.00
31.00	03100	274,381	0	0	74,324	249,032	31.00
43.00	04300	90,941	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	462,535	3,268,026	0	0	0	50.00
50.01	05001	178,929	0	0	133,370	0	50.01
51.00	05100	225,092	0	0	122,848	0	51.00
52.00	05200	222,391	0	0	0	0	52.00
53.00	05300	197,082	0	0	0	0	53.00
54.00	05400	883,452	0	0	209,951	0	54.00
54.01	05401	0	0	0	263,789	0	54.01
56.00	03450	0	0	0	0	0	56.00
59.00	05900	88,067	0	0	235,556	0	59.00
60.00	06000	0	0	0	522,732	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	369,863	0	0	133,711	0	65.00
66.00	06600	0	0	0	90,150	0	66.00
67.00	06700	0	0	0	15,078	0	67.00
68.00	06800	0	0	0	13,694	0	68.00
69.00	06900	262,362	0	0	82,052	0	69.00
69.01	06901	85,114	0	0	14,082	0	69.01
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	4,350,338	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	861,739	0	0	829,051	640,185	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		5,837,265	3,268,026	4,350,338	3,045,149	3,145,068	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	168,265	0	0	0	0	194.07
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		6,005,530	3,268,026	4,350,338	3,045,149	3,145,068	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	34,996,159	0	34,996,159
31.00	03100	INTENSIVE CARE UNIT	5,473,283	0	5,473,283
43.00	04300	NURSERY	1,694,638	0	1,694,638
44.00	04400	SKILLED NURSING FACILITY	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	17,889,700	0	17,889,700
50.01	05001	ENDOSCOPY	3,320,923	0	3,320,923
51.00	05100	RECOVERY ROOM	5,199,450	0	5,199,450
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,734,024	0	3,734,024
53.00	05300	ANESTHESIOLOGY	2,828,902	0	2,828,902
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,153,046	0	14,153,046
54.01	05401	RADIATION-ONCOLOGY	24,194,854	0	24,194,854
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	653,548	0	653,548
59.00	05900	CARDIAC CATHETERIZATION	2,449,538	0	2,449,538
60.00	06000	LABORATORY	12,358,274	0	12,358,274
64.00	06400	INTRAVENOUS THERAPY	2,025,798	0	2,025,798
65.00	06500	RESPIRATORY THERAPY	5,222,420	0	5,222,420
66.00	06600	PHYSICAL THERAPY	11,200,650	0	11,200,650
67.00	06700	OCCUPATIONAL THERAPY	979,824	0	979,824
68.00	06800	SPEECH PATHOLOGY	600,945	0	600,945
69.00	06900	ELECTROCARDIOLOGY	2,373,302	0	2,373,302
69.01	06901	CARDIAC REHAB	1,353,852	0	1,353,852
70.00	07000	ELECTROENCEPHALOGRAPHY	478,459	0	478,459
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,363,374	0	7,363,374
73.00	07300	DRUGS CHARGED TO PATIENTS	20,779,026	0	20,779,026
73.01	07301	ULTRA SOUND	850,129	0	850,129
74.00	07400	RENAL DIALYSIS	192,848	0	192,848
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	8,350,971	0	8,350,971
91.00	09100	EMERGENCY	15,555,095	0	15,555,095
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	206,273,032	0	206,273,032
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	82,420,309	0	82,420,309
192.01	19201	HEALTH TRACKS	5,510,608	0	5,510,608
194.00	07950	PRIMARY CARE CLINIC	4,460,449	0	4,460,449
194.01	07951	PARTNERS IN CARE	182,604	0	182,604
194.02	07952	OCCUPATIONAL MEDICINE	1,274,908	0	1,274,908
194.03	07953	FOUNDATION	425,729	0	425,729
194.04	07954	SCHOOL & TOWN CLINICS	2,725,145	0	2,725,145
194.05	07955	MANAGED FACILITY	690,089	0	690,089
194.06	07956	RENTAL PROPERTIES	259,775	0	259,775
194.07	07957	SNF NON CERTIFIED	3,653,313	0	3,653,313
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	307,875,961	0	307,875,961

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0005

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

Worksheet B Part II Date/Time Prepared: 5/29/2019 5:49 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	170,880	170,880	170,880		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,306,504	1,306,504	16,074	1,322,578	5.00
7.00 00700	OPERATION OF PLANT	0	2,900,262	2,900,262	3,446	74,089	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	243,071	243,071	474	5,400	8.00
9.00 00900	HOUSEKEEPING	0	109,116	109,116	3,285	20,828	9.00
10.00 01000	DIETARY	0	428,082	428,082	670	5,157	10.00
11.00 01100	CAFETERIA	0	76,023	76,023	1,792	9,365	11.00
13.00 01300	NURSING ADMINISTRATION	0	221,273	221,273	3,754	23,181	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	413,235	413,235	1,007	9,737	14.00
15.00 01500	PHARMACY	0	174,713	174,713	2,805	16,671	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	167,124	167,124	1,150	11,386	16.00
17.00 01700	SOCIAL SERVICE	0	80,495	80,495	2,283	13,178	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	1,946,865	1,946,865	18,256	96,722	30.00
31.00 03100	INTENSIVE CARE UNIT	0	225,157	225,157	2,459	16,827	31.00
43.00 04300	NURSERY	0	42,624	42,624	899	5,065	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	465,033	465,033	3,245	54,140	50.00
50.01 05001	ENDOSCOPY	0	266,631	266,631	1,471	10,031	50.01
51.00 05100	RECOVERY ROOM	0	700,463	700,463	1,724	13,445	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	144,560	144,560	2,198	13,193	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	7,009	11,058	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	840,449	840,449	7,077	49,578	54.00
54.01 05401	RADIATION-ONCOLOGY	0	503,135	503,135	1,554	102,049	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	13,467	13,467	267	2,614	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	243,607	243,607	790	6,488	59.00
60.00 06000	LABORATORY	0	296,504	296,504	3,658	47,482	60.00
64.00 06400	INTRAVENOUS THERAPY	0	85,018	85,018	1,129	7,734	64.00
65.00 06500	RESPIRATORY THERAPY	0	293,974	293,974	2,776	17,371	65.00
66.00 06600	PHYSICAL THERAPY	0	595,768	595,768	6,703	43,394	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	154,628	154,628	569	3,885	67.00
68.00 06800	SPEECH PATHOLOGY	0	60,691	60,691	294	1,894	68.00
69.00 06900	ELECTROCARDIOLOGY	0	106,969	106,969	1,055	7,132	69.00
69.01 06901	CARDIAC REHAB	0	155,906	155,906	773	4,498	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	68,536	68,536	149	1,174	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	31,631	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	70,574	73.00
73.01 07301	ULTRA SOUND	0	17,428	17,428	598	3,373	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	1	769	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	515,273	515,273	2,096	34,660	90.00
91.00 09100	EMERGENCY	0	820,747	820,747	6,855	48,262	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	14,854,211	14,854,211	110,345	894,035	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,217,647	6,217,647	51,074	352,125	192.00
192.01 19201	HEALTH TRACKS	0	317,510	317,510	3,710	23,112	192.01
194.00 07950	PRIMARY CARE CLINIC	0	369,896	369,896	1,401	19,132	194.00
194.01 07951	PARTNERS IN CARE	0	19,804	19,804	62	640	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	120,948	120,948	308	5,148	194.02
194.03 07953	FOUNDATION	0	12,343	12,343	245	1,820	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	29,336	29,336	2,124	11,693	194.04
194.05 07955	MANAGED FACILITY	0	0	0	0	2,964	194.05
194.06 07956	RENTAL PROPERTIES	0	0	0	0	1,116	194.06
194.07 07957	SNF NON CERTIFIED	0	337,825	337,825	1,611	10,793	194.07
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	22,279,520	22,279,520	170,880	1,322,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 5:49 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	2,977,797				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	248,945			8.00	
9.00	00900	HOUSEKEEPING	40,523	0	173,752		9.00	
10.00	01000	DIETARY	158,981	0	5,860	598,750	10.00	
11.00	01100	CAFETERIA	28,234	0	0	0	115,414	11.00
13.00	01300	NURSING ADMINISTRATION	82,176	0	1,361	0	4,605	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	147,033	77	3,327	0	2,563	14.00
15.00	01500	PHARMACY	64,885	324	775	0	3,423	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,513	0	1,450	0	2,653	16.00
17.00	01700	SOCIAL SERVICE	0	0	129	0	3,626	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	667,859	66,891	69,219	428,918	20,251	30.00
31.00	03100	INTENSIVE CARE UNIT	83,619	9,340	6,039	47,359	3,398	31.00
43.00	04300	NURSERY	15,830	3,545	546	72,132	1,126	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	172,704	16,648	12,148	0	5,728	50.00
50.01	05001	ENDOSCOPY	99,021	9,153	298	0	2,216	50.01
51.00	05100	RECOVERY ROOM	260,138	18,574	2,205	0	2,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,686	13,075	258	0	2,754	52.00
53.00	05300	ANESTHESIOLOGY	0	0	278	0	2,441	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	165,140	27,491	6,873	0	10,940	54.00
54.01	05401	RADIATION-ONCOLOGY	0	1,717	3,953	0	2,514	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,001	0	308	0	344	56.00
59.00	05900	CARDIAC CATHETERIZATION	90,471	0	2,374	0	1,091	59.00
60.00	06000	LABORATORY	85,621	30	4,758	0	7,247	60.00
64.00	06400	INTRAVENOUS THERAPY	31,574	1,007	358	0	1,332	64.00
65.00	06500	RESPIRATORY THERAPY	97,351	0	626	0	4,580	65.00
66.00	06600	PHYSICAL THERAPY	99,173	16,920	4,718	0	10,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,109	0	755	0	715	67.00
68.00	06800	SPEECH PATHOLOGY	22,539	0	298	0	347	68.00
69.00	06900	ELECTROCARDIOLOGY	39,726	4,005	1,788	0	3,249	69.00
69.01	06901	CARDIAC REHAB	28,053	87	795	0	1,054	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,453	210	1,659	0	406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	6,472	0	338	0	869	73.01
74.00	07400	RENAL DIALYSIS	0	31	467	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	16,102	6,883	0	0	90.00
91.00	09100	EMERGENCY	214,613	32,331	12,525	0	10,671	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,841,498	237,558	153,369	548,409	113,330	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,838	6,971	12,148	0	0	192.00
192.01	19201	HEALTH TRACKS	0	1,471	4,202	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	125	209	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	162	1,122	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	438	2,543	0	0	194.02
194.03	07953	FOUNDATION	0	0	70	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	92	89	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	125,461	2,128	0	50,341	2,084	194.07
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)	2,977,797	248,945	173,752	598,750	115,414	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 5:49 pm	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	336,350				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	576,979			14.00
15.00	01500	PHARMACY	0	0	263,596		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	235,276	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	99,711
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	91,590	0	0	23,537	71,520
31.00	03100	INTENSIVE CARE UNIT	15,367	0	0	5,740	7,895
43.00	04300	NURSERY	5,093	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,905	576,979	0	0	0
50.01	05001	ENDOSCOPY	10,021	0	0	10,300	0
51.00	05100	RECOVERY ROOM	12,607	0	0	9,488	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,455	0	0	0	0
53.00	05300	ANESTHESIOLOGY	11,038	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,479	0	0	16,215	0
54.01	05401	RADIATION-ONCOLOGY	0	0	0	20,373	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,932	0	0	18,192	0
60.00	06000	LABORATORY	0	0	0	40,371	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	20,715	0	0	10,327	0
66.00	06600	PHYSICAL THERAPY	0	0	0	6,962	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,164	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,058	0
69.00	06900	ELECTROCARDIOLOGY	14,694	0	0	6,337	0
69.01	06901	CARDIAC REHAB	4,767	0	0	1,088	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	263,596	0	0
73.01	07301	ULTRA SOUND	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	48,263	0	0	64,124	20,296
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	326,926	576,979	263,596	235,276	99,711
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	HEALTH TRACKS	0	0	0	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	0	0	0
194.01	07951	PARTNERS IN CARE	0	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	0	0
194.05	07955	MANAGED FACILITY	0	0	0	0	0
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0
194.07	07957	SNF NON CERTIFIED	9,424	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	336,350	576,979	263,596	235,276	99,711



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 5:49 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	3,501,628	0	3,501,628
31.00	03100	INTENSIVE CARE UNIT	423,200	0	423,200
43.00	04300	NURSERY	146,860	0	146,860
44.00	04400	SKILLED NURSING FACILITY	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	1,332,530	0	1,332,530
50.01	05001	ENDOSCOPY	409,142	0	409,142
51.00	05100	RECOVERY ROOM	1,021,431	0	1,021,431
52.00	05200	DELIVERY ROOM & LABOR ROOM	242,179	0	242,179
53.00	05300	ANESTHESIOLOGY	31,824	0	31,824
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,173,242	0	1,173,242
54.01	05401	RADIATION-ONCOLOGY	635,295	0	635,295
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	22,001	0	22,001
59.00	05900	CARDIAC CATHETERIZATION	367,945	0	367,945
60.00	06000	LABORATORY	485,671	0	485,671
64.00	06400	INTRAVENOUS THERAPY	128,152	0	128,152
65.00	06500	RESPIRATORY THERAPY	447,720	0	447,720
66.00	06600	PHYSICAL THERAPY	784,038	0	784,038
67.00	06700	OCCUPATIONAL THERAPY	165,825	0	165,825
68.00	06800	SPEECH PATHOLOGY	87,121	0	87,121
69.00	06900	ELECTROCARDIOLOGY	184,955	0	184,955
69.01	06901	CARDIAC REHAB	197,021	0	197,021
70.00	07000	ELECTROENCEPHALOGRAPHY	97,587	0	97,587
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,631	0	31,631
73.00	07300	DRUGS CHARGED TO PATIENTS	334,170	0	334,170
73.01	07301	ULTRA SOUND	29,078	0	29,078
74.00	07400	RENAL DIALYSIS	1,268	0	1,268
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	575,014	0	575,014
91.00	09100	EMERGENCY	1,278,687	0	1,278,687
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,135,215	0	14,135,215
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,650,803	0	6,650,803
192.01	19201	HEALTH TRACKS	350,005	0	350,005
194.00	07950	PRIMARY CARE CLINIC	390,763	0	390,763
194.01	07951	PARTNERS IN CARE	21,790	0	21,790
194.02	07952	OCCUPATIONAL MEDICINE	129,385	0	129,385
194.03	07953	FOUNDATION	14,478	0	14,478
194.04	07954	SCHOOL & TOWN CLINICS	43,334	0	43,334
194.05	07955	MANAGED FACILITY	2,964	0	2,964
194.06	07956	RENTAL PROPERTIES	1,116	0	1,116
194.07	07957	SNF NON CERTIFIED	539,667	0	539,667
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	22,279,520	0	22,279,520

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00		5A	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	871,857						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,687	135,589,381					4.00
5.00 00500 ADMINISTRATIVE & GENERAL	51,127	12,757,482	-54,121,839		253,754,122		5.00
7.00 00700 OPERATION OF PLANT	113,495	2,734,594		0	14,215,173	313,774	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	9,512	375,898		0	1,036,068	0	8.00
9.00 00900 HOUSEKEEPING	4,270	2,607,310		0	3,996,198	4,270	9.00
10.00 01000 DIETARY	16,752	531,820		0	989,542	16,752	10.00
11.00 01100 CAFETERIA	2,975	1,422,457		0	1,796,838	2,975	11.00
13.00 01300 NURSING ADMINISTRATION	8,659	2,979,707		0	4,447,636	8,659	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	16,171	798,882		0	1,868,197	15,493	14.00
15.00 01500 PHARMACY	6,837	2,226,482		0	3,198,524	6,837	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,540	912,682		0	2,184,556	5,428	16.00
17.00 01700 SOCIAL SERVICE	3,150	1,812,249		0	2,528,384	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	76,186	14,489,118		0	18,557,474	70,373	30.00
31.00 03100 INTENSIVE CARE UNIT	8,811	1,951,736		0	3,228,459	8,811	31.00
43.00 04300 NURSERY	1,668	713,235		0	971,776	1,668	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	18,198	2,575,558		0	10,387,580	18,198	50.00
50.01 05001 ENDOSCOPY	10,434	1,167,664		0	1,924,672	10,434	50.01
51.00 05100 RECOVERY ROOM	27,411	1,368,080		0	2,579,706	27,411	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,657	1,744,193		0	2,531,300	5,657	52.00
53.00 05300 ANESTHESIOLOGY	0	5,562,348		0	2,121,616	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	32,889	5,616,279		0	9,512,287	17,401	54.00
54.01 05401 RADIOLOGY-ONCOLOGY	19,689	1,233,646		0	19,579,645	0	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	527	212,048		0	501,612	527	56.00
59.00 05900 CARDIAC CATHETERIZATION	9,533	626,863		0	1,244,821	9,533	59.00
60.00 06000 LABORATORY	11,603	2,903,276		0	9,110,097	9,022	60.00
64.00 06400 INTRAVENOUS THERAPY	3,327	895,850		0	1,483,842	3,327	64.00
65.00 06500 RESPIRATORY THERAPY	11,504	2,203,439		0	3,332,841	10,258	65.00
66.00 06600 PHYSICAL THERAPY	23,314	5,320,177		0	8,325,696	10,450	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,051	451,270		0	745,373	433	67.00
68.00 06800 SPEECH PATHOLOGY	2,375	233,432		0	363,436	2,375	68.00
69.00 06900 ELECTROCARDIOLOGY	4,186	837,500		0	1,368,430	4,186	69.00
69.01 06901 CARDIAC REHAB	6,101	613,504		0	863,018	2,956	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	2,682	118,229		0	225,172	2,682	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	6,068,957	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	13,540,667	0	73.00
73.01 07301 ULTRA SOUND	682	474,922		0	647,106	682	73.01
74.00 07400 RENAL DIALYSIS	0	601		0	147,562	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	20,164	1,663,329		0	6,649,952	0	90.00
91.00 09100 EMERGENCY	32,118	5,440,215		0	9,259,758	22,614	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	581,285	87,576,075	-54,121,839		171,533,971	299,412	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	243,313	40,505,397		0	67,557,958	1,142	192.00
192.01 19201 HEALTH TRACKS	12,425	2,944,253		0	4,434,457	0	192.01
194.00 07950 PRIMARY CARE CLINIC	14,475	1,111,789		0	3,670,793	0	194.00
194.01 07951 PARTNERS IN CARE	775	49,056		0	122,766	0	194.01
194.02 07952 OCCUPATIONAL MEDICINE	4,733	244,094		0	987,653	0	194.02
194.03 07953 FOUNDATION	483	194,139		0	349,213	0	194.03
194.04 07954 SCHOOL & TOWN CLINICS	1,148	1,685,551		0	2,243,551	0	194.04
194.05 07955 MANAGED FACILITY	0	197		0	568,777	0	194.05
194.06 07956 RENTAL PROPERTIES	0	0		0	214,109	0	194.06
194.07 07957 SNF NON CERTIFIED	13,220	1,278,830		0	2,070,874	13,220	194.07
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)	22,279,520	26,440,486			54,121,839	17,247,056	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.554099	0.195004			0.213285	54.966492	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		170,880			1,322,578	2,977,797	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.001260			0.005212	9.490261	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	7.00	
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: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,227,497				8.00
9.00	00900	HOUSEKEEPING	0	17,493			9.00
10.00	01000	DIETARY	0	590	24,097		10.00
11.00	01100	CAFETERIA	0	0	0	1,884,250	11.00
13.00	01300	NURSING ADMINISTRATION	0	137	0	75,186	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	379	335	0	41,840	14.00
15.00	01500	PHARMACY	1,599	78	0	55,884	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	146	0	43,316	16.00
17.00	01700	SOCIAL SERVICE	0	13	0	59,206	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	329,825	6,969	17,262	330,620	30.00
31.00	03100	INTENSIVE CARE UNIT	46,056	608	1,906	55,473	31.00
43.00	04300	NURSERY	17,479	55	2,903	18,386	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	82,090	1,223	0	93,513	50.00
50.01	05001	ENDOSCOPY	45,130	30	0	36,175	50.01
51.00	05100	RECOVERY ROOM	91,587	222	0	45,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,470	26	0	44,962	52.00
53.00	05300	ANESTHESIOLOGY	0	28	0	39,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,552	692	0	178,612	54.00
54.01	05401	RADIATION-ONCOLOGY	8,466	398	0	41,045	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	31	0	5,608	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	239	0	17,805	59.00
60.00	06000	LABORATORY	147	479	0	118,307	60.00
64.00	06400	INTRAVENOUS THERAPY	4,965	36	0	21,752	64.00
65.00	06500	RESPIRATORY THERAPY	0	63	0	74,777	65.00
66.00	06600	PHYSICAL THERAPY	83,431	475	0	169,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	76	0	11,667	67.00
68.00	06800	SPEECH PATHOLOGY	0	30	0	5,658	68.00
69.00	06900	ELECTROCARDIOLOGY	19,747	180	0	53,043	69.00
69.01	06901	CARDIAC REHAB	428	80	0	17,208	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,034	167	0	6,636	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	34	0	14,181	73.01
74.00	07400	RENAL DIALYSIS	151	47	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	79,396	693	0	0	90.00
91.00	09100	EMERGENCY	159,420	1,261	0	174,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,171,352	15,441	22,071	1,850,231	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,373	1,223	0	0	192.00
192.01	19201	HEALTH TRACKS	7,255	423	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	614	21	0	0	194.00
194.01	07951	PARTNERS IN CARE	799	113	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	2,161	256	0	0	194.02
194.03	07953	FOUNDATION	0	7	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	452	9	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	10,491	0	2,026	34,019	194.07
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)	1,257,046	5,083,234	2,292,841	2,343,602	6,005,530
203.00		Unit cost multiplier (Wkst. B, Part I)	1.024073	290.586749	95.150475	1.243785	4.946210
204.00		Cost to be allocated (per Wkst. B, Part II)	248,945	173,752	598,750	115,414	336,350
205.00		Unit cost multiplier (Wkst. B, Part II)	0.202807	9.932659	24.847491	0.061252	0.277021
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	100				14.00
15.00	01500	0	100			15.00
16.00	01600	0	0	305,024,522		16.00
17.00	01700	0	0	0	19,651	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	0	30,527,994	14,095	30.00
31.00	03100	0	0	7,445,044	1,556	31.00
43.00	04300	0	0	0	0	43.00
44.00	04400	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	100	0	0	0	50.00
50.01	05001	0	0	13,359,692	0	50.01
51.00	05100	0	0	12,305,761	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	21,030,824	0	54.00
54.01	05401	0	0	26,423,781	0	54.01
56.00	03450	0	0	0	0	56.00
59.00	05900	0	0	23,595,691	0	59.00
60.00	06000	0	0	52,362,167	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	13,393,834	0	65.00
66.00	06600	0	0	9,030,328	0	66.00
67.00	06700	0	0	1,510,349	0	67.00
68.00	06800	0	0	1,371,745	0	68.00
69.00	06900	0	0	8,219,218	0	69.00
69.01	06901	0	0	1,410,620	0	69.01
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	100	0	0	73.00
73.01	07301	0	0	0	0	73.01
74.00	07400	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	0	0	90.00
91.00	09100	0	0	83,037,474	4,000	91.00
92.00	09200					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		100	100	305,024,522	19,651	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
194.05	07955	0	0	0	0	194.05
194.06	07956	0	0	0	0	194.06
194.07	07957	0	0	0	0	194.07
200.00						200.00
201.00						201.00
202.00		3,268,026	4,350,338	3,045,149	3,145,068	202.00
203.00		32,680.260000	43,503.380000	0.009983	160.046206	203.00
204.00		576,979	263,596	235,276	99,711	204.00
205.00		5,769.790000	2,635.960000	0.000771	5.074093	205.00
206.00						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	14.00	15.00	16.00	17.00	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	34,996,159		34,996,159	0	34,996,159	30.00
31.00	03100 INTENSIVE CARE UNIT	5,473,283		5,473,283	0	5,473,283	31.00
43.00	04300 NURSERY	1,694,638		1,694,638	0	1,694,638	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	17,889,700		17,889,700	20	17,889,720	50.00
50.01	05001 ENDOSCOPY	3,320,923		3,320,923	0	3,320,923	50.01
51.00	05100 RECOVERY ROOM	5,199,450		5,199,450	0	5,199,450	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,734,024		3,734,024	0	3,734,024	52.00
53.00	05300 ANESTHESIOLOGY	2,828,902		2,828,902	0	2,828,902	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,153,046		14,153,046	3	14,153,049	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	24,194,854		24,194,854	0	24,194,854	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	653,548		653,548	0	653,548	56.00
59.00	05900 CARDIAC CATHETERIZATION	2,449,538		2,449,538	0	2,449,538	59.00
60.00	06000 LABORATORY	12,358,274		12,358,274	0	12,358,274	60.00
64.00	06400 INTRAVENOUS THERAPY	2,025,798		2,025,798	0	2,025,798	64.00
65.00	06500 RESPIRATORY THERAPY	5,222,420	0	5,222,420	0	5,222,420	65.00
66.00	06600 PHYSICAL THERAPY	11,200,650	0	11,200,650	0	11,200,650	66.00
67.00	06700 OCCUPATIONAL THERAPY	979,824	0	979,824	0	979,824	67.00
68.00	06800 SPEECH PATHOLOGY	600,945	0	600,945	0	600,945	68.00
69.00	06900 ELECTROCARDIOLOGY	2,373,302		2,373,302	0	2,373,302	69.00
69.01	06901 CARDIAC REHAB	1,353,852		1,353,852	0	1,353,852	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	478,459		478,459	0	478,459	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	7,363,374		7,363,374	0	7,363,374	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,779,026		20,779,026	0	20,779,026	73.00
73.01	07301 ULTRA SOUND	850,129		850,129	0	850,129	73.01
74.00	07400 RENAL DIALYSIS	192,848		192,848	0	192,848	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	8,350,971		8,350,971	0	8,350,971	90.00
91.00	09100 EMERGENCY	15,555,095		15,555,095	39	15,555,134	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,799,472		4,799,472		4,799,472	92.00
200.00	Subtotal (see instructions)	211,072,504	0	211,072,504	62	211,072,566	200.00
201.00	Less Observation Beds	4,799,472		4,799,472		4,799,472	201.00
202.00	Total (see instructions)	206,273,032	0	206,273,032	62	206,273,094	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 5:49 pm
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		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,672,838		30,672,838		30.00
31.00	03100	INTENSIVE CARE UNIT	7,119,224		7,119,224		31.00
43.00	04300	NURSERY	4,832,538		4,832,538		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,019,228	37,955,317	62,974,545	0.284078	50.00
50.01	05001	ENDOSCOPY	997,772	12,108,718	13,106,490	0.253380	50.01
51.00	05100	RECOVERY ROOM	3,925,641	8,380,120	12,305,761	0.422522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,382,631	138,503	13,521,134	0.276162	52.00
53.00	05300	ANESTHESIOLOGY	4,164,429	8,860,561	13,024,990	0.217190	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,335,466	60,365,877	69,701,343	0.203053	54.00
54.01	05401	RADIATION-ONCOLOGY	661,370	77,099,251	77,760,621	0.311145	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	636,164	5,435,060	6,071,224	0.107647	56.00
59.00	05900	CARDIAC CATHETERIZATION	10,136,467	11,886,678	22,023,145	0.111226	59.00
60.00	06000	LABORATORY	12,185,121	47,452,829	59,637,950	0.207222	60.00
64.00	06400	INTRAVENOUS THERAPY	93,901	10,056,785	10,150,686	0.199573	64.00
65.00	06500	RESPIRATORY THERAPY	5,509,570	8,103,182	13,612,752	0.383642	65.00
66.00	06600	PHYSICAL THERAPY	2,108,003	16,974,669	19,082,672	0.586954	66.00
67.00	06700	OCCUPATIONAL THERAPY	957,296	1,260,472	2,217,768	0.441806	67.00
68.00	06800	SPEECH PATHOLOGY	429,431	945,013	1,374,444	0.437228	68.00
69.00	06900	ELECTROCARDIOLOGY	3,817,212	11,291,908	15,109,120	0.157077	69.00
69.01	06901	CARDIAC REHAB	30,644	2,759,771	2,790,415	0.485179	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	257,368	981,939	1,239,307	0.386070	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,477,302	3,948,015	12,425,317	0.592611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,789,997	19,710,355	32,500,352	0.639348	73.00
73.01	07301	ULTRA SOUND	1,520,893	9,022,436	10,543,329	0.080632	73.01
74.00	07400	RENAL DIALYSIS	275,815	16,152	291,967	0.660513	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	15,423	39,363,622	39,379,045	0.212066	90.00
91.00	09100	EMERGENCY	18,479,190	88,686,369	107,165,559	0.145150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	492,000	4,496,428	4,988,428	0.962121	92.00
200.00		Subtotal (see instructions)	178,322,934	487,300,030	665,622,964		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	178,322,934	487,300,030	665,622,964		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 5:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.284079		50.00
50.01	05001 ENDOSCOPY	0.253380		50.01
51.00	05100 RECOVERY ROOM	0.422522		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.276162		52.00
53.00	05300 ANESTHESIOLOGY	0.217190		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203053		54.00
54.01	05401 RADIATION-ONCOLOGY	0.311145		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107647		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.111226		59.00
60.00	06000 LABORATORY	0.207222		60.00
64.00	06400 INTRAVENOUS THERAPY	0.199573		64.00
65.00	06500 RESPIRATORY THERAPY	0.383642		65.00
66.00	06600 PHYSICAL THERAPY	0.586954		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.441806		67.00
68.00	06800 SPEECH PATHOLOGY	0.437228		68.00
69.00	06900 ELECTROCARDIOLOGY	0.157077		69.00
69.01	06901 CARDIAC REHAB	0.485179		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.386070		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.592611		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.639348		73.00
73.01	07301 ULTRA SOUND	0.080632		73.01
74.00	07400 RENAL DIALYSIS	0.660513		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.212066		90.00
91.00	09100 EMERGENCY	0.145150		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.962121		92.00
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: 15-0005

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		34,996,159	0	34,996,159	30.00
31.00	03100 INTENSIVE CARE UNIT		5,473,283	0	5,473,283	31.00
43.00	04300 NURSERY		1,694,638	0	1,694,638	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		17,889,700	20	17,889,720	50.00
50.01	05001 ENDOSCOPY		3,320,923	0	3,320,923	50.01
51.00	05100 RECOVERY ROOM		5,199,450	0	5,199,450	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,734,024	0	3,734,024	52.00
53.00	05300 ANESTHESIOLOGY		2,828,902	0	2,828,902	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,153,046	3	14,153,049	54.00
54.01	05401 RADIOLOGY-ONCOLOGY		24,194,854	0	24,194,854	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		653,548	0	653,548	56.00
59.00	05900 CARDIAC CATHETERIZATION		2,449,538	0	2,449,538	59.00
60.00	06000 LABORATORY		12,358,274	0	12,358,274	60.00
64.00	06400 INTRAVENOUS THERAPY		2,025,798	0	2,025,798	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,222,420	0	5,222,420	65.00
66.00	06600 PHYSICAL THERAPY	0	11,200,650	0	11,200,650	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	979,824	0	979,824	67.00
68.00	06800 SPEECH PATHOLOGY	0	600,945	0	600,945	68.00
69.00	06900 ELECTROCARDIOLOGY		2,373,302	0	2,373,302	69.00
69.01	06901 CARDIAC REHAB		1,353,852	0	1,353,852	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		478,459	0	478,459	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		7,363,374	0	7,363,374	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		20,779,026	0	20,779,026	73.00
73.01	07301 ULTRA SOUND		850,129	0	850,129	73.01
74.00	07400 RENAL DIALYSIS		192,848	0	192,848	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		8,350,971	0	8,350,971	90.00
91.00	09100 EMERGENCY		15,555,095	39	15,555,134	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,799,472		4,799,472	92.00
200.00	Subtotal (see instructions)	0	211,072,504	62	211,072,566	200.00
201.00	Less Observation Beds		4,799,472		4,799,472	201.00
202.00	Total (see instructions)	0	206,273,032	62	206,273,094	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 pm

		Title XIX			Hospital	Cost		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	30,672,838		30,672,838			30.00
31.00	03100	INTENSIVE CARE UNIT	7,119,224		7,119,224			31.00
43.00	04300	NURSERY	4,832,538		4,832,538			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	25,019,228	37,955,317	62,974,545	0.284078	0.000000	50.00
50.01	05001	ENDOSCOPY	997,772	12,108,718	13,106,490	0.253380	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,925,641	8,380,120	12,305,761	0.422522	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,382,631	138,503	13,521,134	0.276162	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,164,429	8,860,561	13,024,990	0.217190	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,335,466	60,365,877	69,701,343	0.203053	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	661,370	77,099,251	77,760,621	0.311145	0.000000	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	636,164	5,435,060	6,071,224	0.107647	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	10,136,467	11,886,678	22,023,145	0.111226	0.000000	59.00
60.00	06000	LABORATORY	12,185,121	47,452,829	59,637,950	0.207222	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	93,901	10,056,785	10,150,686	0.199573	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	5,509,570	8,103,182	13,612,752	0.383642	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,108,003	16,974,669	19,082,672	0.586954	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	957,296	1,260,472	2,217,768	0.441806	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	429,431	945,013	1,374,444	0.437228	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,817,212	11,291,908	15,109,120	0.157077	0.000000	69.00
69.01	06901	CARDIAC REHAB	30,644	2,759,771	2,790,415	0.485179	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	257,368	981,939	1,239,307	0.386070	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,477,302	3,948,015	12,425,317	0.592611	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,789,997	19,710,355	32,500,352	0.639348	0.000000	73.00
73.01	07301	ULTRA SOUND	1,520,893	9,022,436	10,543,329	0.080632	0.000000	73.01
74.00	07400	RENAL DIALYSIS	275,815	16,152	291,967	0.660513	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	15,423	39,363,622	39,379,045	0.212066	0.000000	90.00
91.00	09100	EMERGENCY	18,479,190	88,686,369	107,165,559	0.145150	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	492,000	4,496,428	4,988,428	0.962121	0.000000	92.00
200.00		Subtotal (see instructions)	178,322,934	487,300,030	665,622,964			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	178,322,934	487,300,030	665,622,964			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 5:49 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
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
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
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: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/29/2019 5:49 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,501,628	0	3,501,628	19,651	178.19	30.00
31.00	INTENSIVE CARE UNIT	423,200		423,200	1,906	222.04	31.00
43.00	NURSERY	146,860		146,860	2,903	50.59	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	4,071,688		4,071,688	24,460		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,781	1,208,306				
31.00	INTENSIVE CARE UNIT	917	203,611				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	7,698	1,411,917				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 5:49 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,332,530	62,974,545	0.021160	8,867,603	187,638	50.00
50.01	05001	ENDOSCOPY	409,142	13,106,490	0.031217	502,444	15,685	50.01
51.00	05100	RECOVERY ROOM	1,021,431	12,305,761	0.083004	1,708,551	141,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	242,179	13,521,134	0.017911	24,079	431	52.00
53.00	05300	ANESTHESIOLOGY	31,824	13,024,990	0.002443	1,955,677	4,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,173,242	69,701,343	0.016832	4,335,859	72,981	54.00
54.01	05401	RADIATION-ONCOLOGY	635,295	77,760,621	0.008170	185,182	1,513	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	22,001	6,071,224	0.003624	387,032	1,403	56.00
59.00	05900	CARDIAC CATHETERIZATION	367,945	22,023,145	0.016707	3,682,339	61,521	59.00
60.00	06000	LABORATORY	485,671	59,637,950	0.008144	5,139,677	41,858	60.00
64.00	06400	INTRAVENOUS THERAPY	128,152	10,150,686	0.012625	2,620	33	64.00
65.00	06500	RESPIRATORY THERAPY	447,720	13,612,752	0.032890	2,461,033	80,943	65.00
66.00	06600	PHYSICAL THERAPY	784,038	19,082,672	0.041086	1,078,414	44,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	165,825	2,217,768	0.074771	490,111	36,646	67.00
68.00	06800	SPEECH PATHOLOGY	87,121	1,374,444	0.063386	228,199	14,465	68.00
69.00	06900	ELECTROCARDIOLOGY	184,955	15,109,120	0.012241	1,906,689	23,340	69.00
69.01	06901	CARDIAC REHAB	197,021	2,790,415	0.070606	12,033	850	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	97,587	1,239,307	0.078743	157,542	12,405	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,631	12,425,317	0.002546	5,110,106	13,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,170	32,500,352	0.010282	5,733,612	58,953	73.00
73.01	07301	ULTRA SOUND	29,078	10,543,329	0.002758	959,555	2,646	73.01
74.00	07400	RENAL DIALYSIS	1,268	291,967	0.004343	85,333	371	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	575,014	39,379,045	0.014602	0	0	90.00
91.00	09100	EMERGENCY	1,278,687	107,165,559	0.011932	9,332,236	111,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	480,221	4,988,428	0.096267	489,605	47,133	92.00
200.00		Total (lines 50 through 199)	10,543,748	622,998,364		54,835,531	976,080	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 5:49 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	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	19,651	0.00	6,781	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,906	0.00	917	31.00
43.00	04300	NURSERY		0	2,903	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)		0	24,460		7,698	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
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 5:49 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	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	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 5:49 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	62,974,545	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	13,106,490	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	12,305,761	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,521,134	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,024,990	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	69,701,343	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	77,760,621	0.000000	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	6,071,224	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,023,145	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	59,637,950	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,150,686	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,612,752	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,082,672	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,217,768	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,374,444	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,109,120	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	2,790,415	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,239,307	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,425,317	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,500,352	0.000000	73.00
73.01	07301	ULTRA SOUND	0	0	0	10,543,329	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	291,967	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	39,379,045	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	107,165,559	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,988,428	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	622,998,364		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 5:49 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	8,867,603	0	10,237,538	0	50.00	
50.01	05001 ENDOSCOPY	0.000000	502,444	0	4,512,519	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	1,708,551	0	2,993,690	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	24,079	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	1,955,677	0	1,330,386	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,335,859	0	12,440,999	0	54.00	
54.01	05401 RADIATION-ONCOLOGY	0.000000	185,182	0	30,813,555	0	54.01	
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	387,032	0	1,892,779	0	56.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,682,339	0	2,279,960	0	59.00	
60.00	06000 LABORATORY	0.000000	5,139,677	0	3,901,048	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	2,620	0	3,826,564	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	2,461,033	0	2,233,051	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,078,414	0	639,808	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	490,111	0	21,687	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	228,199	0	25,535	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,906,689	0	2,858,190	0	69.00	
69.01	06901 CARDIAC REHAB	0.000000	12,033	0	1,248,865	0	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	157,542	0	87,121	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	5,110,106	0	1,160,923	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	5,733,612	0	6,224,493	0	73.00	
73.01	07301 ULTRA SOUND	0.000000	959,555	0	2,758,080	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	85,333	0	4,634	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	3,896,654	0	90.00	
91.00	09100 EMERGENCY	0.000000	9,332,236	0	15,122,912	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	489,605	0	821,387	0	92.00	
200.00	Total (lines 50 through 199)		54,835,531	0	111,332,378	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 5:49 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.284078	10,237,538	0	0	2,908,259	50.00
50.01	05001	ENDOSCOPY	0.253380	4,512,519	0	0	1,143,382	50.01
51.00	05100	RECOVERY ROOM	0.422522	2,993,690	0	0	1,264,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276162	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.217190	1,330,386	0	0	288,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203053	12,440,999	0	836	2,526,182	54.00
54.01	05401	RADIATION-ONCOLOGY	0.311145	30,813,555	0	32,052	9,587,484	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107647	1,892,779	0	0	203,752	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.111226	2,279,960	51,043	0	253,591	59.00
60.00	06000	LABORATORY	0.207222	3,901,048	0	0	808,383	60.00
64.00	06400	INTRAVENOUS THERAPY	0.199573	3,826,564	0	0	763,679	64.00
65.00	06500	RESPIRATORY THERAPY	0.383642	2,233,051	0	0	856,692	65.00
66.00	06600	PHYSICAL THERAPY	0.586954	639,808	0	0	375,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441806	21,687	0	0	9,581	67.00
68.00	06800	SPEECH PATHOLOGY	0.437228	25,535	0	0	11,165	68.00
69.00	06900	ELECTROCARDIOLOGY	0.157077	2,858,190	0	0	448,956	69.00
69.01	06901	CARDIAC REHAB	0.485179	1,248,865	0	0	605,923	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.386070	87,121	0	0	33,635	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.592611	1,160,923	0	0	687,976	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.639348	6,224,493	0	9,411	3,979,617	73.00
73.01	07301	ULTRA SOUND	0.080632	2,758,080	0	0	222,390	73.01
74.00	07400	RENAL DIALYSIS	0.660513	4,634	0	0	3,061	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.212066	3,896,654	0	0	826,348	90.00
91.00	09100	EMERGENCY	0.145150	15,122,912	0	74	2,195,091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.962121	821,387	0	0	790,274	92.00
200.00		Subtotal (see instructions)		111,332,378	51,043	42,373	30,794,806	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		111,332,378	51,043	42,373	30,794,806	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 5:49 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	170		54.00
54.01 05401 RADIOLOGY-ONCOLOGY	0	9,973		54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	5,677	0		59.00
60.00 06000 LABORATORY	0	0		60.00
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
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,017		73.00
73.01 07301 ULTRA SOUND	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	11		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	5,677	16,171		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	5,677	16,171		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2019 5:49 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,651	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,956	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)		6,781	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
<b>SWING BED ADJUSTMENT</b>				
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)		34,996,159	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)		34,996,159	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		34,996,159	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,780.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,076,147	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)		12,076,147	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 5:49 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,473,283	1,906	2,871.61	917	2,633,266	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,167,598	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,877,011	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)					1,411,917	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					976,080	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,387,997	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,489,014	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)					2,695	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,780.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,799,472	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 5:49 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	3,501,628	34,996,159	0.100057	4,799,472	480,221	90.00
91.00	Nursing School cost	0	34,996,159	0.000000	4,799,472	0	91.00
92.00	Allied health cost	0	34,996,159	0.000000	4,799,472	0	92.00
93.00	All other Medical Education	0	34,996,159	0.000000	4,799,472	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 5:49 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,651	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,956	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)		187	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,903	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		34,996,159	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)		34,996,159	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		34,996,159	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,780.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		333,025	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)		333,025	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 5:49 pm	
Cost Center Description		Title XIX		Hospital		Cost	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,694,638	2,903	583.75	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,473,283	1,906	2,871.61	0	0	
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					351,125	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					684,150	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
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)					2,695	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,780.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,799,472	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 5:49 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	3,501,628	34,996,159	0.100057	4,799,472	480,221	90.00
91.00	Nursing School cost	0	34,996,159	0.000000	4,799,472	0	91.00
92.00	Allied health cost	0	34,996,159	0.000000	4,799,472	0	92.00
93.00	All other Medical Education	0	34,996,159	0.000000	4,799,472	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 5:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		8,281,633		30.00
31.00	03100 INTENSIVE CARE UNIT		2,977,614		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.284079	8,867,603	2,519,100	50.00
50.01	05001 ENDOSCOPY	0.253380	502,444	127,309	50.01
51.00	05100 RECOVERY ROOM	0.422522	1,708,551	721,900	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.276162	24,079	6,650	52.00
53.00	05300 ANESTHESIOLOGY	0.217190	1,955,677	424,753	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203053	4,335,859	880,409	54.00
54.01	05401 RADIATION-ONCOLOGY	0.311145	185,182	57,618	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107647	387,032	41,663	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.111226	3,682,339	409,572	59.00
60.00	06000 LABORATORY	0.207222	5,139,677	1,065,054	60.00
64.00	06400 INTRAVENOUS THERAPY	0.199573	2,620	523	64.00
65.00	06500 RESPIRATORY THERAPY	0.383642	2,461,033	944,156	65.00
66.00	06600 PHYSICAL THERAPY	0.586954	1,078,414	632,979	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.441806	490,111	216,534	67.00
68.00	06800 SPEECH PATHOLOGY	0.437228	228,199	99,775	68.00
69.00	06900 ELECTROCARDIOLOGY	0.157077	1,906,689	299,497	69.00
69.01	06901 CARDIAC REHAB	0.485179	12,033	5,838	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.386070	157,542	60,822	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.592611	5,110,106	3,028,305	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.639348	5,733,612	3,665,773	73.00
73.01	07301 ULTRA SOUND	0.080632	959,555	77,371	73.01
74.00	07400 RENAL DIALYSIS	0.660513	85,333	56,364	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.212066	0	0	90.00
91.00	09100 EMERGENCY	0.145150	9,332,236	1,354,574	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.962121	489,605	471,059	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		54,835,531	17,167,598	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)		54,835,531		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 5:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		288,834		30.00
31.00	03100 INTENSIVE CARE UNIT		35,316		31.00
43.00	04300 NURSERY		1,931		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.284078	156,965	44,590	50.00
50.01	05001 ENDOSCOPY	0.253380	7,708	1,953	50.01
51.00	05100 RECOVERY ROOM	0.422522	20,537	8,677	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.276162	340,558	94,049	52.00
53.00	05300 ANESTHESIOLOGY	0.217190	38,421	8,345	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203053	72,919	14,806	54.00
54.01	05401 RADIATION-ONCOLOGY	0.311145	4,763	1,482	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107647	4,653	501	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.111226	0	0	59.00
60.00	06000 LABORATORY	0.207222	188,585	39,079	60.00
64.00	06400 INTRAVENOUS THERAPY	0.199573	1,227	245	64.00
65.00	06500 RESPIRATORY THERAPY	0.383642	56,293	21,596	65.00
66.00	06600 PHYSICAL THERAPY	0.586954	8,590	5,042	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.441806	3,997	1,766	67.00
68.00	06800 SPEECH PATHOLOGY	0.437228	1,691	739	68.00
69.00	06900 ELECTROCARDIOLOGY	0.157077	55,958	8,790	69.00
69.01	06901 CARDIAC REHAB	0.485179	350	170	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.386070	978	378	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.592611	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.639348	111,800	71,479	73.00
73.01	07301 ULTRA SOUND	0.080632	21,417	1,727	73.01
74.00	07400 RENAL DIALYSIS	0.660513	3,684	2,433	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.212066	0	0	90.00
91.00	09100 EMERGENCY	0.145150	160,374	23,278	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.962121	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,261,468	351,125	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)		1,261,468		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 5:49 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,191,907	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)		524,711	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)		125.38	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.14	31.00
32.00	Sum of lines 30 and 31		18.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.82	33.00
34.00	Disproportionate share adjustment (see instructions)		219,213	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 5:49 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,087,014	1,441,225 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		813,027	363,268 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,176,295	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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)		20,112,126	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		20,112,126	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,636,603	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		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see 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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		21,748,729	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,748,729	61.00
62.00	Deductibles billed to program beneficiaries		2,188,973	62.00
63.00	Coinurance billed to program beneficiaries		5,025	63.00
64.00	Allowable bad debts (see instructions)		194,548	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		126,456	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		194,548	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,681,187	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)		116,898	70.93
70.94	HRR adjustment amount (see instructions)		-77,340	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 5:49 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,720,745	71.00
71.01	Sequestration adjustment (see instructions)		394,415	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		19,421,701	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)		-95,371	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		232,704	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
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
<b>HRR Adjustment for HSP Bonus Payment</b>				
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
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: 15-0005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2019 5:49 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	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,191,907	0	0	18,191,907	18,191,907	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	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	524,711	0	0	524,711	524,711	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
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	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
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0482	0.0482	0.0482	0.0482	0.0482	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	219,213	0	0	219,213	219,213	11.00
11.01	Uncompensated care payments	36.00	1,176,295	0	813,027	363,268	1,176,295	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,112,126	0	813,027	19,299,099	20,112,126	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	20,112,126	0	813,027	19,299,099	20,112,126	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,636,603	0	0	1,636,603	1,636,603	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: 15-0005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2019 5:49 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	813,027	20,935,702	21,748,729	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	1,512,230	0	0	1,512,230	1,512,230	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	66,455	0	0	66,455	66,455	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	0.0383	0.0383	0.0383	0.0383		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	57,918	0	0	57,918	57,918	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,636,603	0	0	1,636,603	1,636,603	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: 15-0005		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2019 5:49 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	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,191,907		18,191,907	18,191,907	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	524,711	0	524,711	524,711	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
<b>Indirect Medical Education Adjustment</b>							
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
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
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0482	0.0482	0.0482		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	219,213	0	219,213	219,213	11.00
11.01	Uncompensated care payments	36.00	1,176,295	813,027	363,268	1,176,295	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,112,126	813,027	19,299,099	20,112,126	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	20,112,126	813,027	19,299,099	20,112,126	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,636,603	0	1,636,603	1,636,603	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	<b>SUBTOTAL</b>			813,027	20,935,702	21,748,729	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0005

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/29/2019 5:49 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	1,512,230	0	1,512,230	1,512,230	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	66,455	0	66,455	66,455	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	0.0383	0.0383	0.0383		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	57,918	0	57,918	57,918	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,636,603	0	1,636,603	1,636,603	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	116,898	0	116,898	116,898	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	-77,340	0	-77,340	-77,340	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 5:49 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		21,848	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,794,806	2.00
3.00	OPPS payments		21,661,158	3.00
4.00	Outlier payment (see instructions)		213,548	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,848	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		93,416	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)		93,416	14.00
<b>Customary charges</b>				
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)		93,416	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		71,568	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)		21,848	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)		21,874,706	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		10,209	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,170,732	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)		17,715,613	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)		17,715,613	30.00
31.00	Primary payer payments		2,570	31.00
32.00	Subtotal (line 30 minus line 31)		17,713,043	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		166,424	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		108,176	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		166,424	36.00
37.00	Subtotal (see instructions)		17,821,219	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-217	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)		17,821,436	40.00
40.01	Sequestration adjustment (see instructions)		356,429	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,497,679	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-32,672	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0005

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2019 5:49 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		19,317,650		17,366,743	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	12/31/2018	73,251	12/31/2018	92,536	3.01	
3.02		05/01/2018	30,800	05/01/2018	38,400	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)		104,051		130,936	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)		19,421,701		17,497,679	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		95,371		32,672	6.02	
7.00	Total Medicare program liability (see instructions)		19,326,330		17,465,007	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		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2019 5:49 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		684,150		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		684,150	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		684,150	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		326,082		8.00
9.00	Ancillary service charges		1,261,468	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,587,550	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,587,550	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		903,400	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		684,150	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		684,150	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		684,150	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		684,150	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		684,150	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		684,150	0	40.00
41.00	Interim payments		921,969	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-237,819	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0005

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

Worksheet G  
Date/Time Prepared:  
5/29/2019 5:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	1,527,917	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	45,007,114	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,819,956	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	34,537,257	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)	83,892,244	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	18,926,206	0	0	0	12.00
13.00	Land improvements	9,993,537	0	0	0	13.00
14.00	Accumulated depreciation	-6,134,348	0	0	0	14.00
15.00	Buildings	177,380,433	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	129,455,811	0	0	0	23.00
24.00	Accumulated depreciation	-57,900,415	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)	271,721,224	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	223,754,304	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	11,650,257	0	0	0	33.00
34.00	Other assets	20,830,135	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	256,234,696	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	611,848,164	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,360,608	0	0	0	37.00
38.00	Salaries, wages, and fees payable	24,942,648	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	164,258,036	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	205,561,292	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,133,488	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,133,488	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	214,694,780	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	397,153,384				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)	397,153,384	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	611,848,164	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0005

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

Worksheet G-1

Date/Time Prepared:  
5/29/2019 5:49 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		434,265,198		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		414,471,440			2.00
3.00	Total (sum of line 1 and line 2)		848,736,638		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		848,736,638		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		848,736,638		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0005

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2019 5:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	37,222,031		37,222,031	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,222,031		37,222,031	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,257,514		7,257,514	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,257,514		7,257,514	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,479,545		44,479,545	17.00
18.00	Ancillary services	116,711,721	355,008,425	471,720,146	18.00
19.00	Outpatient services	18,494,613	130,928,660	149,423,273	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	9,384,147	77,815,729	87,199,876	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	189,070,026	563,752,814	752,822,840	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		338,351,400		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)		338,351,400		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0005

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

Worksheet G-3

Date/Time Prepared:  
5/29/2019 5:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	752,822,840	1.00
2.00	Less contractual allowances and discounts on patients' accounts	0	2.00
3.00	Net patient revenues (line 1 minus line 2)	752,822,840	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	338,351,400	4.00
5.00	Net income from service to patients (line 3 minus line 4)	414,471,440	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	0	25.00
26.00	Total (line 5 plus line 25)	414,471,440	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)	414,471,440	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0005	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 5:49 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,512,230	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		66,455	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		52.28	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)		2.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.14	8.00
9.00	Sum of lines 7 and 8		18.56	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.83	10.00
11.00	Disproportionate share adjustment (see instructions)		57,918	11.00
12.00	Total prospective capital payments (see instructions)		1,636,603	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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