

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: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/28/2019 6:14 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	Date: 5/28/2019 Time: 6:14 pm
	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.	
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 IU HEALTH ARNETT HOSPITAL (15-0173) 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) TODD WILLIAMS
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	445,885	-74,397	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	445,885	-74,397	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:14 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47905 County: TIPPECANOE				
1.00 Street: 6165 MCCARTY LANE		2.00 City: LAFAYETTE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00 Hospital		IU HEALTH ARNETT HOSPITAL	150173	29200	1	11/10/2008	N	P	P	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)				2				21.00	
					1.00		2.00		3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				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		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.									
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.	487	150	16	40	8,637	23		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:14 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					Y	N		57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:14 pm																													
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																														
	1.00	2.00	3.00	4.00	5.00																														
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00																												
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																														
			1.00	2.00	3.00																														
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010																																			
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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																														
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)	FAMILY MEDICINE	1350	0.74	1.78	0.293651	67.00																												
<table border="1"> <thead> <tr> <th></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> </tr> </thead> <tbody> <tr> <td>70.00</td> <td colspan="3">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td colspan="3">Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> </tr> <tr> <td>71.00</td> <td colspan="3">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)</td> </tr> <tr> <td>75.00</td> <td colspan="3">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td colspan="3">Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> </tr> <tr> <td>76.00</td> <td colspan="3">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)</td> </tr> </tbody> </table>									1.00	2.00	3.00	70.00	Inpatient Psychiatric Facility PPS			70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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)			75.00	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.			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)		
	1.00	2.00	3.00																																
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				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:14 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			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:	771,222	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		5.06	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:14 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: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 WEST 10TH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202		
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	2.00
				Y	
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.					
				1.00	2.00
				Y	
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.					
				1.00	2.00
				Y	11/15/2018
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				Y	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
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)					
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
Multi campus					
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
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
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.					
				1.00	2.00
				Y	
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)					
				1.00	2.00
				0	
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)					
				1.00	2.00
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)					
				1.00	2.00
				9.99	
Beginning Ending					
1.00 2.00					
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2018	03/31/2018
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)					
				1.00	2.00
				Y	1,846

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 6:14 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					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.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2019	Y	04/03/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 6:14 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 6:14 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT PROGRAMS		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: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 6:14 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	154	56,210	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)		154	56,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	17	6,205	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		185	67,525	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		185				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)		7	2,555			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: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 6:14 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)	17,112	247	36,350			1.00
2.00 HMO and other (see instructions)	5,494	7,510				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)	17,112	247	36,350			7.00
8.00 INTENSIVE CARE UNIT	1,076	196	2,678			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	30	3,067			12.00
13.00 NURSERY		1,347	2,853			13.00
14.00 Total (see instructions)	18,188	1,820	44,948	2.52	1,808.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			216			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)				2.52	1,808.86	27.00
28.00 Observation Bed Days		69	4,053			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	23	509			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: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,046	99	11,473	1.00
2.00 HMO and other (see instructions)				1,145	1,611		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
10.01 BURN INTENSIVE CARE UNIT							10.01
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	4,046	99		11,473	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							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: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet S-3 Part II Date/Time Prepared: 5/28/2019 6:14 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	175,322,714	-601,863	174,720,851	3,762,428.09	46.44	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		167,079	0	167,079	1,920.00	87.02	3.00
4.00	Physician-Part A - Administrative		1,962,690	0	1,962,690	10,056.62	195.16	4.00
4.01	Physicians - Part A - Teaching		275,820	0	275,820	2,102.55	131.18	4.01
5.00	Physician and Non-Physician-Part B		15,660,869	0	15,660,869	110,850.62	141.28	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)		249,991	0	249,991	5,200.00	48.08	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)		86,050,624	958,894	87,009,518	1,302,577.87	66.80	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		809,709	0	809,709	11,761.39	68.84	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		2,875,222	0	2,875,222	31,425.37	91.49	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		32,812,414	0	32,812,414	927,126.15	35.39	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		19,315,500	0	19,315,500			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		15,850,695	0	15,850,695			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		25,775	0	25,775			21.00
22.00	Physician Part A - Administrative		202,554	0	202,554			22.00
22.01	Physician Part A - Teaching		33,993	0	33,993			22.01
23.00	Physician Part B		1,861,693	0	1,861,693			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)		9,819,562	0	9,819,562			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	688,590	0	688,590	1.00	688,590.00	26.00
27.00	Administrative & General	5.00	9,875,256	-630,523	9,244,733	278,014.78	33.25	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 6:14 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.)		253,364	0	253,364	2,407.16	105.25	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,782,881	-73,520	1,709,361	68,903.63	24.81	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,492,566	-15,516	2,477,050	170,129.44	14.56	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	877,345	-312,383	564,962	41,211.71	13.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	306,860	306,860	22,167.47	13.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,775,705	-42,535	3,733,170	101,433.98	36.80	38.00
39.00	Central Services and Supply	14.00	299,953	-31,502	268,451	13,679.03	19.63	39.00
40.00	Pharmacy	15.00	3,550,927	-569,510	2,981,417	72,298.67	41.24	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	422,508	-1,574	420,934	15,739.30	26.74	42.00
43.00	Other General Service	18.00	476,842	-2,231	474,611	33,625.29	14.11	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 6:14 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	159,222,319	-601,863	158,620,456	3,644,762.08	43.52	1.00
2.00	Excluded area salaries (see instructions)	86,050,624	958,894	87,009,518	1,302,577.87	66.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)	73,171,695	-1,560,757	71,610,938	2,342,184.21	30.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,497,345	0	36,497,345	970,312.91	37.61	4.00
5.00	Subtotal wage-related costs (see inst.)	29,337,616	0	29,337,616	0.00	40.97	5.00
6.00	Total (sum of lines 3 thru 5)	139,006,656	-1,560,757	137,445,899	3,312,497.12	41.49	6.00
7.00	Total overhead cost (see instructions)	24,495,937	-1,372,434	23,123,503	819,611.46	28.21	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2019 6:14 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			8,802,198 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		16,231,763	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	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		544,894	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		91,058	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)		850,823	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		649,832	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		9,962,120	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		157,522	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		37,290,210	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0173

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	809,709	37,290,210	1.00
2.00	Hospital	809,709	19,315,500	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	17,974,710	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 6:14 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.202892	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		20,708,972	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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		169,352,265	6.00	
7.00	Medicaid cost (line 1 times line 6)		34,360,220	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)		13,651,248	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)		13,651,248	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)	24,605,583	497,394	25,102,977	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,992,276	497,394	5,489,670	21.00
22.00	Payments received from patients for amounts previously written off as charity care	124,882	12,689	137,571	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,867,394	484,705	5,352,099	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)			21,125,495	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			731,939	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,126,059	27.01
28.00	Non-Medicare bad debt expense (see instructions)			19,999,436	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,451,846	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,803,945	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,455,193	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100			0	4,755,966	4,755,966	1.00
1.01	00101			0	3,349,100	3,349,100	1.01
1.02	00102			0	11,616,983	11,616,983	1.02
2.00	00200			0	4,414,688	4,414,688	2.00
2.01	00201			0	1,720,638	1,720,638	2.01
3.00	00300			0	0	0	3.00
4.00	00400	688,590	736,460	1,425,050	25,868,785	27,293,835	4.00
5.01	00570	2,841,919	1,620,212	4,462,131	-951,484	3,510,647	5.01
5.06	00590	7,033,337	32,326,898	39,360,235	44,849,467	84,209,702	5.06
7.00	00700	1,431,211	13,396,189	14,827,400	-5,946,965	8,880,435	7.00
7.01	00701	351,670	10,257,569	10,609,239	-3,288,863	7,320,376	7.01
8.00	00800	0	0	0	16,507	16,507	8.00
9.00	00900	2,492,566	2,222,560	4,715,126	-912,343	3,802,783	9.00
10.00	01000	877,345	1,737,071	2,614,416	-1,163,574	1,450,842	10.00
11.00	01100	0	0	0	799,269	799,269	11.00
13.00	01300	3,775,705	1,748,553	5,524,258	-1,263,587	4,260,671	13.00
14.00	01400	299,953	1,266,235	1,566,188	10,829,252	12,395,440	14.00
15.00	01500	3,550,927	6,161,585	9,712,512	-5,996,131	3,716,381	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	422,508	107,718	530,226	-71,158	459,068	17.00
18.00	01850	476,842	331,247	808,089	-108,125	699,964	18.00
21.00	02100	0	0	0	249,991	249,991	21.00
22.00	02200	333,038	379,575	712,613	49,736	762,349	22.00
23.00	02300	48,497	38,199	86,696	70,766	157,462	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	25,391,275	9,952,498	35,343,773	-6,738,268	28,605,505	30.00
31.00	03100	2,301,555	2,393,123	4,694,678	-1,011,289	3,683,389	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	3,110,632	1,056,495	4,167,127	-570,649	3,596,478	35.00
43.00	04300	0	0	0	736,446	736,446	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,138,635	15,252,051	19,390,686	-14,435,807	4,954,879	50.00
51.00	05100	646,983	212,956	859,939	-158,894	701,045	51.00
52.00	05200	2,333,697	1,163,176	3,496,873	-939,670	2,557,203	52.00
53.00	05300	8,624,165	4,410,529	13,034,694	-998,362	12,036,332	53.00
53.01	05301	0	124,929	124,929	-119,305	5,624	53.01
54.00	05400	3,519,254	5,574,624	9,093,878	-5,079,784	4,014,094	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	237,436	851,722	1,089,158	-768,425	320,733	56.00
59.00	05900	1,285,786	4,866,778	6,152,564	-4,418,376	1,734,188	59.00
60.00	06000	5,000	8,041,785	8,046,785	0	8,046,785	60.00
63.00	06300	0	590,792	590,792	0	590,792	63.00
65.00	06500	1,813,606	768,700	2,582,306	-640,247	1,942,059	65.00
66.00	06600	492,151	130,583	622,734	-92,195	530,539	66.00
67.00	06700	293,706	79,176	372,882	-56,169	316,713	67.00
68.00	06800	173,943	62,541	236,484	-31,777	204,707	68.00
69.00	06900	1,411,856	670,152	2,082,008	-492,295	1,589,713	69.00
70.00	07000	98,084	19,791	117,875	-12,765	105,110	70.00
71.00	07100	0	0	0	7,211,219	7,211,219	71.00
72.00	07200	0	0	0	11,417,258	11,417,258	72.00
73.00	07300	0	0	0	34,166,204	34,166,204	73.00
74.00	07400	0	843,526	843,526	-17,284	826,242	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	2,968,736	5,248,133	8,216,869	-4,167,257	4,049,612	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	306,298	225,521	531,819	-42,589	489,230	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	454,013	205,849	659,862	-139,716	520,146	90.01
90.03	09002	753,753	22,491,309	23,245,062	-21,073,836	2,171,226	90.03
90.04	09003	14,015	6,719	20,734	-2,967	17,767	90.04
91.00	09100	4,321,900	4,636,445	8,958,345	-1,965,152	6,993,193	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		89,320,587	162,209,974	251,530,561	78,446,967	329,977,528	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	27,961	118,517	146,478	-10,781	135,697	190.00
191.00	19100	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/28/2019 6:14 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,383,652	90,290,688	175,674,340	-80,788,338	94,886,002	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	590,514	4,889,157	5,479,671	-119,434	5,360,237	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	1,338,957	1,338,957	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	1,132,629	1,132,629	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	175,322,714	257,508,336	432,831,050	0	432,831,050	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A
Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,086,334	5,842,300	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	3,349,100	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	-2,921,779	8,695,204	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,810,079	8,224,767	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	1,720,638	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,841,156	34,134,991	4.00
5.01	00570	ADMINISTRATIVE	-800	3,509,847	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-19,692,345	64,517,357	5.06
7.00	00700	OPERATION OF PLANT	-211,428	8,669,007	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-5,909	7,314,467	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,507	8.00
9.00	00900	HOUSEKEEPING	-234	3,802,549	9.00
10.00	01000	DIETARY	0	1,450,842	10.00
11.00	01100	CAFETERIA	-731,927	67,342	11.00
13.00	01300	NURSING ADMINISTRATION	-95,169	4,165,502	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-14,050	12,381,390	14.00
15.00	01500	PHARMACY	-75,431	3,640,950	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	459,068	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	699,964	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	249,991	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-153,474	608,875	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	-915	156,547	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,346,140	21,259,365	30.00
31.00	03100	INTENSIVE CARE UNIT	-271,260	3,412,129	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-1,129,492	2,466,986	35.00
43.00	04300	NURSERY	0	736,446	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-31,425	4,923,454	50.00
51.00	05100	RECOVERY ROOM	0	701,045	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,623	2,552,580	52.00
53.00	05300	ANESTHESIOLOGY	-9,382,194	2,654,138	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	5,624	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,800	4,010,294	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	320,733	56.00
59.00	05900	CARDIAC CATHETERIZATION	-1,163	1,733,025	59.00
60.00	06000	LABORATORY	0	8,046,785	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	590,792	63.00
65.00	06500	RESPIRATORY THERAPY	-250	1,941,809	65.00
66.00	06600	PHYSICAL THERAPY	0	530,539	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	316,713	67.00
68.00	06800	SPEECH PATHOLOGY	0	204,707	68.00
69.00	06900	ELECTROCARDIOLOGY	-20,800	1,568,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	105,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,211,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,417,258	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,166,204	73.00
74.00	07400	RENAL DIALYSIS	0	826,242	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	-878	4,048,734	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	489,230	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	-1,289	518,857	90.01
90.03	09002	ARNETT CANCER CARE CENTER	-44	2,171,182	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	17,767	90.04
91.00	09100	EMERGENCY	-10,658	6,982,535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,369,908	299,607,620	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	135,697	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,364,380	93,521,622	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A
Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.01	19301	RETAIL PHARMACY	0	5,360,237	193.01
193.02	19302	WHITE HOSPITAL	0	1,338,957	193.02
193.03	19303	HOSPICE	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	1,132,629	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,734,288	401,096,762	200.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 6:14 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NONBILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,207,102	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	95	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1,662	3.00
4.00	SOCIAL SERVICE	17.00	0	14	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
	0		0	11,208,873	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,211,219	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	0		0	7,211,219	
C - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,417,258	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

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
			0	11,417,258	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,166,204	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,492	2.00
3.00	SLEEP CLINIC	90.01	0	26	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
			0	34,167,722	
E - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,868,826	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
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
38.00		0.00	0	0	38.00
			0	25,868,826	
F - CAFETERIA					
1.00	CAFETERIA	11.00	306,860	492,409	1.00
			306,860	492,409	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	33,117	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	275,217	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		0	308,334	
H - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	215,065	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	33,594	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,926	3.00
	0		0	259,585	
I - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,868	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	756,988	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	325,947	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2,798	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
	TOTALS		0	1,348,601	
J - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	11,616,983	1.00
	0		0	11,616,983	
K - HOUSEKEEPING SUPPLIES					
1.00	HOUSEKEEPING	9.00	0	59,261	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
	0		0	59,261	
L - LAUNDRY SUPPLIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	16,507	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
	0		0	16,507	
O - TELEPHONE RECLASS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	9,882	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

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 6:14 pm

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
5.00		0.00	0	0		5.00			
6.00		0.00	0	0		6.00			
7.00		0.00	0	0		7.00			
8.00		0.00	0	0		8.00			
9.00		0.00	0	0		9.00			
0			0	9,882					
P - DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,551,417		1.00			
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	2,525,401		2.00			
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,077,815		3.00			
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	1,717,840		4.00			
5.00		0.00	0	0		5.00			
6.00		0.00	0	0		6.00			
7.00		0.00	0	0		7.00			
8.00		0.00	0	0		8.00			
9.00		0.00	0	0		9.00			
10.00		0.00	0	0		10.00			
11.00		0.00	0	0		11.00			
12.00		0.00	0	0		12.00			
13.00		0.00	0	0		13.00			
14.00		0.00	0	0		14.00			
15.00		0.00	0	0		15.00			
16.00		0.00	0	0		16.00			
17.00		0.00	0	0		17.00			
18.00		0.00	0	0		18.00			
19.00		0.00	0	0		19.00			
20.00		0.00	0	0		20.00			
21.00		0.00	0	0		21.00			
22.00		0.00	0	0		22.00			
23.00		0.00	0	0		23.00			
24.00		0.00	0	0		24.00			
25.00		0.00	0	0		25.00			
0			0	12,872,473					
Q - FMLA RECLASS									
1.00	ADMINISTRATIVE	5.01	0	18,887		1.00			
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	48,520		2.00			
3.00	OPERATION OF PLANT	7.00	0	662		3.00			
4.00	HOUSEKEEPING	9.00	0	15,516		4.00			
5.00	DIETARY	10.00	0	5,523		5.00			
6.00	NURSING ADMINISTRATION	13.00	0	23,534		6.00			
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	454		7.00			
8.00	PHARMACY	15.00	0	20,720		8.00			
9.00	SOCIAL SERVICE	17.00	0	1,574		9.00			
10.00	PATIENT TRANSPORT SERVICES	18.00	0	2,231		10.00			
11.00	ADULTS & PEDIATRICS	30.00	0	79,435		11.00			
12.00	INTENSIVE CARE UNIT	31.00	0	4,665		12.00			
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	19,748		13.00			
14.00	OPERATING ROOM	50.00	0	25,574		14.00			
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,264		15.00			
16.00	ANESTHESIOLOGY	53.00	0	16,827		16.00			
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,767		17.00			
18.00	CARDIAC CATHETERIZATION	59.00	0	17,928		18.00			
19.00	RESPIRATORY THERAPY	65.00	0	18,622		19.00			
20.00	ELECTROCARDIOLOGY	69.00	0	9,572		20.00			
21.00	ASC (NON-DISTINCT PART)	75.01	0	8,865		21.00			
22.00	SLEEP CLINIC	90.01	0	1,351		22.00			
23.00	EMERGENCY	91.00	0	35,759		23.00			
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	162,865		24.00			
0			0	601,863					
R - NURSERY									
1.00	NURSERY	43.00	668,870	67,576		1.00			
2.00		0.00	0	0		2.00			
3.00		0.00	0	0		3.00			
0			668,870	67,576					
U - CORPORATE ADMIN EXPENSE									
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	58,565,401		1.00			
TOTALS			0	58,565,401					

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
V - GENERAL SURGERY LAF METRO - HOSPITAL					
1.00	OPERATING ROOM	50.00	84,522	213,831	1.00
2.00	ASC (NON-DISTINCT PART)	75.01	42,261	106,915	2.00
	TOTALS		126,783	320,746	
W - MEDICAL DIRECTOR FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	12,075	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,925	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	33,200	3.00
	TOTALS		0	78,200	
X - ARNETT TO WHITE ALLOCATION					
1.00	WHITE HOSPITAL	193.02	789,270	549,687	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
	TOTALS		789,270	549,687	
Y - ARNETT TO FRANKFORT ALLOCATION					
1.00	FRANKFORT HOSPITAL	193.04	654,069	478,560	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
	TOTALS		654,069	478,560	
Z - RESIDENCY STAFF					
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	269,696	20,632	1.00
	TOTALS		269,696	20,632	
AA - RESIDENCY EQUIPMENT					
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	37,246	1.00
	TOTALS		0	37,246	
AB - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	249,991	1.00
	TOTALS		0	249,991	
AC - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - PHARMACY	23.00	80,457	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		80,457	0	
500.00	Grand Total: Increases		2,896,005	177,827,835	500.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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		
A - NONBILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41	0	1.00
2.00	ADMINISTRATIVE	5.01	0	4,547	0	2.00
3.00	OPERATION OF PLANT	7.00	0	123,886	0	3.00
4.00	HOUSEKEEPING	9.00	0	164,090	0	4.00
5.00	DIETARY	10.00	0	111	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,746	0	6.00
7.00	PHARMACY	15.00	0	21,158	0	7.00
8.00	PATIENT TRANSPORT SERVICES	18.00	0	523	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	2,163,408	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	355,444	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	130,736	0	11.00
12.00	OPERATING ROOM	50.00	0	2,498,725	0	12.00
13.00	RECOVERY ROOM	51.00	0	30,133	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	221,635	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	265,806	0	15.00
16.00	ASC ANESTHESIOLOGY	53.01	0	76,515	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	854,357	0	17.00
18.00	RADIOISOTOPE	56.00	0	10,266	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	413,495	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	169,782	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	710	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	284	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	1,211	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	14,080	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,309	0	25.00
26.00	RENAL DIALYSIS	74.00	0	9,828	0	26.00
27.00	ASC (NON-DISTINCT PART)	75.01	0	1,345,388	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	6,013	0	28.00
29.00	SLEEP CLINIC	90.01	0	32,177	0	29.00
30.00	ARNETT CANCER CARE CENTER	90.03	0	128,372	0	30.00
31.00	OUTPATIENT INFUSION CENTER	90.04	0	1,992	0	31.00
32.00	EMERGENCY	91.00	0	812,252	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,343,783	0	33.00
34.00	RETAIL PHARMACY	193.01	0	4,070	0	34.00
0			0	11,208,873		
B - BILLABLE SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	1,444	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,704	0	2.00
3.00	PHARMACY	15.00	0	305	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	26,071	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	61,260	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5,379	0	6.00
7.00	OPERATING ROOM	50.00	0	3,034,635	0	7.00
8.00	RECOVERY ROOM	51.00	0	40	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	135,418	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	88,780	0	10.00
11.00	ASC ANESTHESIOLOGY	53.01	0	8,433	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,762,288	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	944,927	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	83,463	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	143	0	15.00
16.00	RENAL DIALYSIS	74.00	0	1,455	0	16.00
17.00	ASC (NON-DISTINCT PART)	75.01	0	815,294	0	17.00
18.00	ARNETT CANCER CARE CENTER	90.03	0	13,130	0	18.00
19.00	OUTPATIENT INFUSION CENTER	90.04	0	57	0	19.00
20.00	EMERGENCY	91.00	0	31,419	0	20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	192,574	0	21.00
0			0	7,211,219		
C - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,777	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,667	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	5,075	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	814	0	4.00
5.00	OPERATING ROOM	50.00	0	7,530,953	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	143	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	331,465	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	2,261,011	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	550	0	9.00
10.00	ASC (NON-DISTINCT PART)	75.01	0	1,281,253	0	10.00
11.00	EMERGENCY	91.00	0	352	0	11.00
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,198	0	12.00
0			0	11,417,258		

RECLASSIFICATIONS

Provider CCN: 15-0173

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	
D - DRUGS						
1.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	160	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	415	0	2.00
3.00	PHARMACY	15.00	0	4,718,319	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	156,288	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	33,161	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	10,728	0	6.00
7.00	OPERATING ROOM	50.00	0	99,097	0	7.00
8.00	RECOVERY ROOM	51.00	0	325	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,381	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	114,690	0	10.00
11.00	ASC ANESTHESIOLOGY	53.01	0	34,332	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	237,882	0	12.00
13.00	RADIOISOTOPE	56.00	0	710,922	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	50,111	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	14,552	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	60,847	0	16.00
17.00	RENAL DIALYSIS	74.00	0	5,802	0	17.00
18.00	ASC (NON-DISTINCT PART)	75.01	0	108,776	0	18.00
19.00	ARNETT CANCER CARE CENTER	90.03	0	20,787,199	0	19.00
20.00	OUTPATIENT INFUSION CENTER	90.04	0	341	0	20.00
21.00	EMERGENCY	91.00	0	54,927	0	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,960,437	0	22.00
23.00	RETAIL PHARMACY	193.01	0	6,030	0	23.00
	O		0	34,167,722		
E - BENEFITS						
1.00	ADMINISTRATIVE	5.01	0	945,539	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	775,421	0	2.00
3.00	OPERATION OF PLANT	7.00	0	279,595	0	3.00
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	91,703	0	4.00
5.00	HOUSEKEEPING	9.00	0	807,514	0	5.00
6.00	DIETARY	10.00	0	314,512	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	971,708	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	67,391	0	8.00
9.00	PHARMACY	15.00	0	510,204	0	9.00
10.00	SOCIAL SERVICE	17.00	0	71,172	0	10.00
11.00	PATIENT TRANSPORT SERVICES	18.00	0	107,206	0	11.00
12.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	27,847	0	12.00
13.00	PARAMEDICAL PRGM - PHARMACY	23.00	0	9,691	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	3,457,263	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	460,467	0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	392,865	0	16.00
17.00	OPERATING ROOM	50.00	0	629,751	0	17.00
18.00	RECOVERY ROOM	51.00	0	126,123	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	495,907	0	19.00
20.00	ANESTHESIOLOGY	53.00	0	529,058	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	583,090	0	21.00
22.00	RADIOISOTOPE	56.00	0	44,387	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	223,031	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	301,273	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	91,485	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	55,885	0	26.00
27.00	SPEECH PATHOLOGY	68.00	0	30,566	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	225,435	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,456	0	29.00
30.00	ASC (NON-DISTINCT PART)	75.01	0	449,666	0	30.00
31.00	CARDIAC REHABILITATION	76.97	0	36,576	0	31.00
32.00	SLEEP CLINIC	90.01	0	93,606	0	32.00
33.00	ARNETT CANCER CARE CENTER	90.03	0	134,681	0	33.00
34.00	OUTPATIENT INFUSION CENTER	90.04	0	577	0	34.00
35.00	EMERGENCY	91.00	0	812,655	0	35.00
36.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	10,781	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,587,490	0	37.00
38.00	RETAIL PHARMACY	193.01	0	106,249	0	38.00
	O		0	25,868,826		
F - CAFETERIA						
1.00	DIETARY	10.00	306,860	492,409	0	1.00
	O		306,860	492,409		

RECLASSIFICATIONS

Provider CCN: 15-0173

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		
G - PROPERTY TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	273,384	13		1.00
2.00	OPERATION OF PLANT	7.00	0	1,536	0		2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	33,117	0		3.00
4.00	PHARMACY	15.00	0	297	0		4.00
			0	308,334			
H - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	259,585	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
			0	259,585			
I - LEASE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	289,373	10		1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	726,786	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	141,101	10		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	7,384	10		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	14,200	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	9,828	0		6.00
7.00	OPERATING ROOM	50.00	0	126,878	0		7.00
8.00	ASC (NON-DISTINCT PART)	75.01	0	2,104	0		8.00
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,947	0		9.00
	TOTALS		0	1,348,601			
J - INTEREST EXPENSE RECLASS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	11,616,983	11		1.00
			0	11,616,983			
K - HOUSEKEEPING SUPPLIES							
1.00	ADMINISTRATIVE	5.01	0	819	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	381	0		2.00
3.00	PHARMACY	15.00	0	1,158	0		3.00
4.00	PATIENT TRANSPORT SERVICES	18.00	0	159	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	14,136	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,708	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	127	0		7.00
8.00	OPERATING ROOM	50.00	0	4,921	0		8.00
9.00	RECOVERY ROOM	51.00	0	1,347	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	268	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	28	0		11.00
12.00	ASC ANESTHESIOLOGY	53.01	0	25	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,842	0		13.00
14.00	RADIOISOTOPE	56.00	0	142	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	614	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	324	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	14	0		17.00
18.00	RENAL DIALYSIS	74.00	0	64	0		18.00
19.00	ASC (NON-DISTINCT PART)	75.01	0	2,877	0		19.00
20.00	SLEEP CLINIC	90.01	0	236	0		20.00
21.00	ARNETT CANCER CARE CENTER	90.03	0	2,730	0		21.00
22.00	EMERGENCY	91.00	0	18,444	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,897	0		23.00
			0	59,261			
L - LAUNDRY SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	16	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	176	0		3.00
4.00	OPERATING ROOM	50.00	0	11,838	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	784	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	152	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	63	0		7.00
8.00	ASC (NON-DISTINCT PART)	75.01	0	3,254	0		8.00
9.00	EMERGENCY	91.00	0	14	0		9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	206	0		10.00
			0	16,507			
O - TELEPHONE RECLASS							
1.00	ADMINISTRATIVE	5.01	0	579	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	53	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	867	0		3.00
4.00	PHARMACY	15.00	0	434	0		4.00
5.00	PATIENT TRANSPORT SERVICES	18.00	0	237	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	124	0		6.00
7.00	OPERATING ROOM	50.00	0	867	0		7.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
8.00	EMERGENCY	91.00	0	2,901	0	8.00	
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,820	0	9.00	
0			0	9,882			
P - DEPRECIATION EXPENSE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	388,092	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	5,159,525	9	2.00	
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	2,438,759	9	3.00	
4.00	DIETARY	10.00	0	14,598	9	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	264,380	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	44,917	0	6.00	
7.00	PHARMACY	15.00	0	74,266	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	81,843	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	79,834	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	14,538	0	10.00	
11.00	OPERATING ROOM	50.00	0	583,542	0	11.00	
12.00	RECOVERY ROOM	51.00	0	926	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	60,994	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,339,633	0	14.00	
15.00	RADIOISOTOPE	56.00	0	2,708	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	525,187	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	70,240	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	186,740	0	18.00	
19.00	RENAL DIALYSIS	74.00	0	135	0	19.00	
20.00	ASC (NON-DISTINCT PART)	75.01	0	248,213	0	20.00	
21.00	SLEEP CLINIC	90.01	0	13,723	0	21.00	
22.00	ARNETT CANCER CARE CENTER	90.03	0	7,724	0	22.00	
23.00	EMERGENCY	91.00	0	31,147	0	23.00	
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,237,724	0	24.00	
25.00	RETAIL PHARMACY	193.01	0	3,085	0	25.00	
0			0	12,872,473			
Q - FMLA RECLASS							
1.00	ADMINISTRATIVE	5.01	18,887	0	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	48,520	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	662	0	0	3.00	
4.00	HOUSEKEEPING	9.00	15,516	0	0	4.00	
5.00	DIETARY	10.00	5,523	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	23,534	0	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	454	0	0	7.00	
8.00	PHARMACY	15.00	20,720	0	0	8.00	
9.00	SOCIAL SERVICE	17.00	1,574	0	0	9.00	
10.00	PATIENT TRANSPORT SERVICES	18.00	2,231	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	79,435	0	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	4,665	0	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	19,748	0	0	13.00	
14.00	OPERATING ROOM	50.00	25,574	0	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	24,264	0	0	15.00	
16.00	ANESTHESIOLOGY	53.00	16,827	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	38,767	0	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	17,928	0	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	18,622	0	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	9,572	0	0	20.00	
21.00	ASC (NON-DISTINCT PART)	75.01	8,865	0	0	21.00	
22.00	SLEEP CLINIC	90.01	1,351	0	0	22.00	
23.00	EMERGENCY	91.00	35,759	0	0	23.00	
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	162,865	0	0	24.00	
0			601,863	0			
R - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	643,822	65,026	0	1.00	
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	4,988	470	0	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	20,060	2,080	0	3.00	
0			668,870	67,576			
U - CORPORATE ADMIN EXPENSE							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	58,565,401	0	1.00	
	TOTALS		0	58,565,401			
V - GENERAL SURGERY LAF METRO - HOSPITAL							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	126,783	320,746	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		126,783	320,746			

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
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Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
W - MEDICAL DIRECTOR FEES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	78,200	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	78,200			
X - ARNETT TO WHITE ALLOCATION							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	330,686	231,596	0		1.00
2.00	OPERATION OF PLANT	7.00	25,335	5,042	0		2.00
3.00	DIETARY	10.00	0	35,084	0		3.00
4.00	NURSING ADMINISTRATION	13.00	11,569	2,947	0		4.00
5.00	PHARMACY	15.00	267,653	68,509	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	28,542	52,701	0		6.00
7.00	OPERATING ROOM	50.00	80,075	49,872	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	5,933	0		8.00
9.00	ASC (NON-DISTINCT PART)	75.01	5,971	15,036	0		9.00
10.00	EMERGENCY	91.00	39,439	82,967	0		10.00
	TOTALS		789,270	549,687			
Y - ARNETT TO FRANKFORT ALLOCATION							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	232,430	166,335	0		1.00
2.00	OPERATION OF PLANT	7.00	47,523	15,150	0		2.00
3.00	NURSING ADMINISTRATION	13.00	7,432	1,893	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	31,048	87,152	0		4.00
5.00	PHARMACY	15.00	206,238	52,691	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	18,336	33,856	0		6.00
7.00	OPERATING ROOM	50.00	51,442	31,564	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	21,852	10,451	0		8.00
9.00	ASC (NON-DISTINCT PART)	75.01	12,432	26,169	0		9.00
10.00	EMERGENCY	91.00	25,336	53,299	0		10.00
	TOTALS		654,069	478,560			
Z - RESIDENCY STAFF							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	269,696	20,632	0		1.00
	TOTALS		269,696	20,632			
AA - RESIDENCY EQUIPMENT							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	37,246	0		1.00
	TOTALS		0	37,246			
AB - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	249,991	0		1.00
	TOTALS		0	249,991			
AC - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	74,899	0	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	5,558	0	0		2.00
	TOTALS		80,457	0			
500.00	Grand Total: Decreases		3,497,868	177,225,972			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,921,268	261,500	0	261,500	521,000	1.00
2.00	Land Improvements	107,468	284,028	0	284,028	0	2.00
3.00	Buildings and Fixtures	175,525,700	18,161,708	0	18,161,708	3,373,546	3.00
4.00	Building Improvements	17,047,833	3,530,310	0	3,530,310	117,372	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	108,478,879	13,006,762	0	13,006,762	20,397,800	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	305,081,148	35,244,308	0	35,244,308	24,409,718	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	305,081,148	35,244,308	0	35,244,308	24,409,718	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,661,768	0				1.00
2.00	Land Improvements	391,496	0				2.00
3.00	Buildings and Fixtures	190,313,862	-1,396,635				3.00
4.00	Building Improvements	20,460,771	1,107,752				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	101,087,841	52,794,599				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	315,915,738	52,505,716				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	315,915,738	52,505,716				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	214,827,897	0	214,827,897	0.680016	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	101,087,841	0	101,087,841	0.319984	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	315,915,738	0	315,915,738	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,637,751	262,868	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	2,525,401	756,988	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,887,894	325,947	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	1,717,840	2,798	2.01
3.00	Total (sum of lines 1-2)	0	0	0	17,768,886	1,348,601	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	215,065	-273,384	0	5,842,300	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	33,594	33,117	0	3,349,100	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	8,695,204	0	0	0	8,695,204	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,926	0	0	8,224,767	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	1,720,638	2.01
3.00	Total (sum of lines 1-2)	8,695,204	259,585	-240,267	0	27,832,009	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	-3,107,363	0	CAP REL COSTS INTEREST EXPENSE	1.02		11	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01		0	2.01
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-18,291,524	0		0.00		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	32,525,139					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		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 - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02		0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:
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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.		
				Cost Center	Line #			
				3.00	4.00			
		1.00	2.00		5.00			
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	EMPLOYEE BENEFITS	A	-25,880,939		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	UNWONTED SITUATIONS	A	-750		ADMINISTRATIVE & GENERAL	5.01	0	33.01
33.02	UNWONTED SITUATIONS	A	-4,087		ADULTS & PEDIATRICS	30.00	0	33.02
33.03	UNWONTED SITUATIONS	A	-8,702		ANESTHESIOLOGY	53.00	0	33.03
33.04	UNWONTED SITUATIONS	A	1,243		ASC (NON-DISTINCT PART)	75.01	0	33.04
33.05	UNWONTED SITUATIONS	A	-1,866		EMERGENCY	91.00	0	33.05
33.06	ACCRUED PTO	A	-442,677		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	ACCRUED PTO	A	-52,028		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.07
33.08	ACCRUED PTO	A	-663		CARDIAC CATHETERIZATION	59.00	0	33.08
33.09	ACCRUED PTO	A	-8,692		EMERGENCY	91.00	0	33.09
33.10	CONTRIBUTION EXPENSE	A	-405,533		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.10
33.11	CONTRIBUTION EXPENSE	A	-500		CARDIAC CATHETERIZATION	59.00	0	33.11
33.12	HAF OFFSET	A	-12,795,096		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.12
33.13	MISCELLANEOUS INCOME	B	-169,458		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.13
33.14	MISCELLANEOUS INCOME	B	-211,428		OPERATION OF PLANT	7.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-5,909		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.15
33.16	MISCELLANEOUS INCOME	B	-234		HOUSEKEEPING	9.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-731,927		CAFETERIA	11.00	0	33.17
33.18	MISCELLANEOUS INCOME	B	-95,121		NURSING ADMINISTRATION	13.00	0	33.18
33.19	MISCELLANEOUS INCOME	B	-14,050		CENTRAL SERVICES & SUPPLY	14.00	0	33.19
33.20	MISCELLANEOUS INCOME	B	-76,264		PHARMACY	15.00	0	33.20
33.21	MISCELLANEOUS INCOME	B	-55,244		I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.21
33.22	MISCELLANEOUS INCOME	B	-32,250		NEONATAL INTENSIVE CARE UNIT	35.00	0	33.22
33.23	MISCELLANEOUS INCOME	B	-3,825		DELIVERY ROOM & LABOR ROOM	52.00	0	33.23
33.24	MISCELLANEOUS INCOME	B	-144,524		ANESTHESIOLOGY	53.00	0	33.24
33.25	MISCELLANEOUS INCOME	B	-3,800		RADIOLOGY-DIAGNOSTIC	54.00	0	33.25
33.26	MISCELLANEOUS INCOME	B	-20,800		ELECTROCARDIOLOGY	69.00	0	33.26
33.27	MISCELLANEOUS INCOME	B	-1,364,380		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.27
33.28	TELEPHONE EXPENSE	A	-9,882		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.28
33.29	NON-ALLOWABLE MARKETING	A	-50		ADMINISTRATIVE & GENERAL	5.01	0	33.29
33.30	NON-ALLOWABLE MARKETING	A	-24,557		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.30
33.31	NON-ALLOWABLE MARKETING	A	-48		NURSING ADMINISTRATION	13.00	0	33.31
33.32	NON-ALLOWABLE MARKETING	A	833		PHARMACY	15.00	0	33.32
33.33	NON-ALLOWABLE MARKETING	A	-3,389		I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.33
33.34	NON-ALLOWABLE MARKETING	A	-915		PARAMEDICAL PRGM - PHARMACY	23.00	0	33.34
33.35	NON-ALLOWABLE MARKETING	A	-1,442		ADULTS & PEDIATRICS	30.00	0	33.35
33.36	NON-ALLOWABLE MARKETING	A	-75		NEONATAL INTENSIVE CARE UNIT	35.00	0	33.36
33.37	NON-ALLOWABLE MARKETING	A	-584		OPERATING ROOM	50.00	0	33.37
33.38	NON-ALLOWABLE MARKETING	A	-798		DELIVERY ROOM & LABOR ROOM	52.00	0	33.38
33.39	NON-ALLOWABLE MARKETING	A	-250		RESPIRATORY THERAPY	65.00	0	33.39
33.40	NON-ALLOWABLE MARKETING	A	-2,121		ASC (NON-DISTINCT PART)	75.01	0	33.40
33.41	NON-ALLOWABLE MARKETING	A	-1,289		SLEEP CLINIC	90.01	0	33.41
33.42	NON-ALLOWABLE MARKETING	A	-44		ARNETT CANCER CARE CENTER	90.03	0	33.42
33.43	NON-ALLOWABLE MARKETING	A	-100		EMERGENCY	91.00	0	33.43
33.44	RECRUITMENT	A	-285,901		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.44
33.45	RECRUITMENT	A	-424		ANESTHESIOLOGY	53.00	0	33.45

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 6:14 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	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,734,288				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0173
 Period: From 01/01/2018 To 12/31/2018
 Worksheet A-8-1
 Date/Time Prepared: 5/28/2019 6:14 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,086,334	0
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	185,584	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	3,810,079	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	33,164,772	0
4.01	5.06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	55,043,467	60,765,097
4.02	1.02	CAP REL COSTS INTEREST EXPEN	RELATED PARTY	11,616,983	11,616,983
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	38,976	38,976
4.04	5.06	OTHER ADMINISTRATIVE & GENER	RELATED PARTY	1,072,093	1,072,093
4.05	7.00	OPERATION OF PLANT	RELATED PARTY	262,143	262,143
4.06	7.01	OPERATION OF PLANT - NONHOSP	RELATED PARTY	324,281	324,281
4.07	50.00	OPERATING ROOM	RELATED PARTY	367,735	367,735
4.08	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	14,583	14,583
4.09	60.00	LABORATORY	RELATED PARTY	7,959,174	7,959,174
4.10	70.00	ELECTROENCEPHALOGRAPHY	RELATED PARTY	12,000	12,000
4.11	192.00	PHYSICIANS' PRIVATE OFFICES	RELATED PARTY	5,209,293	5,209,293
5.00	0		0	120,167,497	87,642,358

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

Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 15-0173

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 6:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,086,334	9		1.00
2.00	185,584	11		2.00
3.00	3,810,079	9		3.00
4.00	33,164,772	0		4.00
4.01	-5,721,630	0		4.01
4.02	0	11		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	32,525,139			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 6:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	479,823	28,400	451,423	211,500	2,474	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	275,820	0	275,820	179,000	2,103	2.00
3.00	30.00	ADULTS & PEDIATRICS	7,552,111	7,108,585	443,526	211,500	2,080	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,162,000	0	1,162,000	211,500	8,760	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,376,286	901,814	474,472	211,500	2,745	5.00
6.00	50.00	OPERATING ROOM	30,841	30,841	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	9,545,979	8,952,710	593,269	239,400	2,758	7.00
8.00	91.00	EMERGENCY	1,578,608	0	1,578,608	211,500	21,916	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			22,001,468	17,022,350	4,979,118		42,836	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	251,563	12,578	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	180,979	9,049	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	211,500	10,575	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	890,740	44,537	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	279,119	13,956	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	317,435	15,872	0	0	0	7.00
8.00	91.00	EMERGENCY	2,228,478	111,424	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,359,814	217,991	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	251,563	199,860	228,260	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	180,979	94,841	94,841	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	211,500	232,026	7,340,611	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	890,740	271,260	271,260	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	279,119	195,353	1,097,167	5.00
6.00	50.00	OPERATING ROOM	0	0	0	30,841	6.00
7.00	53.00	ANESTHESIOLOGY	0	317,435	275,834	9,228,544	7.00
8.00	91.00	EMERGENCY	0	2,228,478	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	4,359,814	1,269,174	18,291,524	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,842,300	5,842,300			1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	3,349,100	0	3,349,100		1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE	8,695,204	0	0	8,695,204	1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,224,767			8,224,767	2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,720,638			0	2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,134,991	0	0	0	4.00	
5.01	00570	ADMINISTRATIVE	3,509,847	51,740	29,392	77,006	5.01	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	64,517,357	161,313	172,465	240,085	5.06	
7.00	00700	OPERATION OF PLANT	8,669,007	1,110,796	0	1,653,218	7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	7,314,467	0	29,755	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	16,507	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	3,802,549	56,044	1,511	83,412	9.00	
10.00	01000	DIETARY	1,450,842	133,320	0	198,423	10.00	
11.00	01100	CAFETERIA	67,342	70,688	0	105,206	11.00	
13.00	01300	NURSING ADMINISTRATION	4,165,502	145,172	0	216,061	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	12,381,390	295,069	765	439,157	14.00	
15.00	01500	PHARMACY	3,640,950	58,429	481	86,961	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	459,068	0	0	0	17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	699,964	19,050	0	28,352	18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	249,991	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	608,875	0	17,488	0	22.00	
23.00	02300	PARAMED ED PRGM - PHARMACY	156,547	1,367	118	2,034	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,259,365	1,624,663	0	2,418,015	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,412,129	161,255	0	239,999	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,466,986	135,719	0	201,994	35.00	
43.00	04300	NURSERY	736,446	60,262	0	89,688	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,923,454	419,591	3,366	624,485	50.00	
51.00	05100	RECOVERY ROOM	701,045	59,185	0	88,087	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,552,580	200,707	0	298,716	52.00	
53.00	05300	ANESTHESIOLOGY	2,654,138	15,560	1,492	23,158	53.00	
53.01	05301	ASC ANESTHESIOLOGY	5,624	0	1,148	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,010,294	219,800	0	327,133	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	320,733	25,899	0	38,546	56.00	
59.00	05900	CARDIAC CATHETERIZATION	1,733,025	110,460	0	164,400	59.00	
60.00	06000	LABORATORY	8,046,785	131,720	11,894	196,042	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	590,792	9,743	0	14,501	63.00	
65.00	06500	RESPIRATORY THERAPY	1,941,809	14,731	0	21,924	65.00	
66.00	06600	PHYSICAL THERAPY	530,539	10,383	0	15,453	66.00	
67.00	06700	OCCUPATIONAL THERAPY	316,713	5,148	0	7,662	67.00	
68.00	06800	SPEECH PATHOLOGY	204,707	4,755	0	7,077	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,568,913	32,094	0	47,766	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	105,110	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,211,219	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,417,258	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	34,166,204	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	826,242	22,627	0	33,676	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	ASC (NON-DISTINCT PART)	4,048,734	0	330,946	0	75.01	
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	489,230	0	27,930	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	04950	SLEEP CLINIC	518,857	0	60,688	0	90.01	
90.03	09002	ARNETT CANCER CARE CENTER	2,171,182	0	123,721	0	90.03	
90.04	09003	OUTPATIENT INFUSION CENTER	17,767	771	0	1,147	90.04	
91.00	09100	EMERGENCY	6,982,535	375,558	0	558,951	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	299,607,620	5,743,619	813,160	8,548,335	8,085,844	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		0	1.00	1.01	1.02		2.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,697	34,290	0	51,034	48,273	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	93,521,622	20,606	2,512,053	30,668	29,009	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	RETAIL PHARMACY	5,360,237	0	0	0	0	193.01
193.02 19302	WHITE HOSPITAL	1,338,957	22,089	12,169	32,876	31,097	193.02
193.03 19303	HOSPICE	0	0	0	0	0	193.03
193.04 19304	FRANKFORT HOSPITAL	1,132,629	21,696	11,718	32,291	30,544	193.04
194.00 07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	401,096,762	5,842,300	3,349,100	8,695,204	8,224,767	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Part I
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP -	NONHOSP					
	2.01	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,720,638					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	34,134,991				4.00
5.01 00570	ADMITTING	15,100	553,715	4,309,639			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	88,606	1,259,565	0	66,666,487	66,666,487	5.06
7.00 00700	OPERATION OF PLANT	0	266,300	0	13,263,095	2,643,905	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	15,287	68,977	0	7,428,486	1,480,817	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	16,507	3,291	8.00
9.00 00900	HOUSEKEEPING	776	485,854	0	4,509,045	898,847	9.00
10.00 01000	DIETARY	0	110,813	0	2,081,085	414,850	10.00
11.00 01100	CAFETERIA	0	60,188	0	402,938	80,323	11.00
13.00 01300	NURSING ADMINISTRATION	0	732,231	0	5,463,338	1,089,078	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	393	52,655	0	13,584,826	2,708,040	14.00
15.00 01500	PHARMACY	247	584,781	0	4,454,105	887,895	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	82,563	0	541,631	107,970	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	93,091	0	867,275	172,885	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	249,991	49,834	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,985	118,221	0	753,569	150,219	22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	61	25,293	0	187,344	37,346	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	4,829,240	361,553	32,780,032	6,534,470	30.00
31.00 03100	INTENSIVE CARE UNIT	0	450,517	43,280	4,534,194	903,860	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	605,274	41,510	3,642,548	726,116	35.00
43.00 04300	NURSERY	0	131,193	10,862	1,113,287	221,926	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,729	797,526	377,965	7,738,815	1,542,679	50.00
51.00 05100	RECOVERY ROOM	0	126,901	47,460	1,105,999	220,473	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	449,042	70,797	3,854,396	768,347	52.00
53.00 05300	ANESTHESIOLOGY	766	1,688,260	77,263	4,482,542	893,563	53.00
53.01 05301	ASC ANESTHESIOLOGY	590	0	10,891	18,253	3,639	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	682,670	235,279	5,784,610	1,153,122	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	46,571	39,345	507,555	101,178	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	248,680	140,392	2,552,462	508,815	59.00
60.00 06000	LABORATORY	6,111	981	158,544	8,737,512	1,741,762	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	10,859	639,611	127,502	63.00
65.00 06500	RESPIRATORY THERAPY	0	352,072	39,532	2,390,806	476,590	65.00
66.00 06600	PHYSICAL THERAPY	0	96,531	10,557	678,080	135,171	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	57,608	5,240	399,618	79,661	67.00
68.00 06800	SPEECH PATHOLOGY	0	34,118	4,843	262,194	52,267	68.00
69.00 06900	ELECTROCARDIOLOGY	0	270,761	77,825	2,042,541	407,166	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	19,238	4,826	129,174	25,750	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	102,984	7,314,203	1,458,035	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	229,672	11,646,930	2,321,734	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	487,123	34,653,327	6,907,898	73.00
74.00 07400	RENAL DIALYSIS	0	0	9,189	923,588	184,111	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	170,027	585,235	321,698	5,456,640	1,087,743	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	14,349	60,078	344	591,931	117,997	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	31,179	88,786	24,785	724,295	144,383	90.01
90.03 09002	ARNETT CANCER CARE CENTER	63,563	147,843	59,691	2,566,000	511,514	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	2,749	1,743	25,262	5,036	90.04
91.00 09100	EMERGENCY	0	827,987	488,242	9,761,983	1,945,983	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	417,769	17,094,108	3,494,294	277,528,110	42,033,791	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,484	0	274,778	54,775	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

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Cost Center Description			CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMI TTING	Subtotal	OTHER ADMI NI STRATI VE & GENERAL	
			MVBLE EQUI P - NONHOSP					
2.01	4.00	5.01	5A.01	5.06				
192.00	19200	PHYSI CI ANS' PRI VATE OFFICES	1,290,597	16,636,475	799,002	114,840,032	22,892,707	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAI L PHARMACY	0	115,825	16,343	5,492,405	1,094,872	193.01
193.02	19302	WHI TE HOSPI TAL	6,252	154,809	0	1,598,249	318,600	193.02
193.03	19303	HOSPI CE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPI TAL	6,020	128,290	0	1,363,188	271,742	193.04
194.00	07950	MARKETI NG/PUBLI C RELATI ONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,720,638	34,134,991	4,309,639	401,096,762	66,666,487	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Period:
From 01/01/2018
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	15,907,000				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	8,909,303			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	19,798		8.00
9.00	00900	HOUSEKEEPING	197,302	4,319	0	5,609,513	9.00
10.00	01000	DIETARY	469,347	0	0	82,367	3,047,649
11.00	01100	CAFETERIA	248,854	0	0	43,672	0
13.00	01300	NURSING ADMINISTRATION	511,070	0	0	89,689	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,038,777	2,188	0	182,998	0
15.00	01500	PHARMACY	205,697	1,374	0	36,538	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	67,064	0	0	11,769	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	49,978	0	16,010	0
23.00	02300	PARAMED ED PRGM - PHARMACY	4,812	337	0	952	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,719,546	0	15,831	1,003,734	2,801,984
31.00	03100	INTENSIVE CARE UNIT	567,690	0	1,166	99,625	206,430
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	477,794	0	1,336	83,849	0
43.00	04300	NURSERY	212,148	0	1,243	37,230	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,477,152	9,620	0	262,310	0
51.00	05100	RECOVERY ROOM	208,360	0	0	36,565	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	706,580	0	222	123,999	39,235
53.00	05300	ANESTHESIOLOGY	54,778	4,263	0	10,979	0
53.01	05301	ASC ANESTHESIOLOGY	0	3,281	0	1,051	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	773,797	0	0	135,795	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	91,177	0	0	16,001	0
59.00	05900	CARDIAC CATHETERIZATION	388,870	0	0	68,243	0
60.00	06000	LABORATORY	463,715	33,992	0	92,267	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,300	0	0	6,019	0
65.00	06500	RESPIRATORY THERAPY	51,860	0	0	9,101	0
66.00	06600	PHYSICAL THERAPY	36,553	0	0	6,415	0
67.00	06700	OCCUPATIONAL THERAPY	18,123	0	0	3,180	0
68.00	06800	SPEECH PATHOLOGY	16,740	0	0	2,938	0
69.00	06900	ELECTROCARDIOLOGY	112,985	0	0	19,828	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 PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	79,658	0	0	13,979	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	945,794	0	302,972	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	79,819	0	25,569	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	173,436	0	55,558	0
90.03	09002	ARNETT CANCER CARE CENTER	0	353,575	0	113,263	0
90.04	09003	OUTPATIENT INFUSION CENTER	2,713	0	0	476	0
91.00	09100	EMERGENCY	1,322,136	0	0	232,024	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,559,598	1,661,976	19,798	3,226,965	3,047,649
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,715	0	0	21,185	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,542	7,179,063	0	2,312,445	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	77,764	34,777	0	24,787	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	76,381	33,487	0	24,131	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,907,000	8,909,303	19,798	5,609,513	3,047,649	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/28/2019 6:14 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	775,787					11.00
13.00	01300	NURSING ADMINISTRATION	41,780	7,194,955				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,637	0	17,522,466			14.00
15.00	01500	PHARMACY	29,778	0	41,556	5,656,943		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	6,485	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	13,852	0	344	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,159	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,647	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	1,388	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	260,622	3,917,282	1,299,458	25,365	0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,651	493,190	213,595	5,401	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	24,663	381,036	77,732	1,747	0	35.00
43.00	04300	NURSERY	8,173	118,816	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,243	429,102	1,632,104	6,494	0	50.00
51.00	05100	RECOVERY ROOM	8,361	154,826	18,000	53	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,467	354,862	136,423	388	0	52.00
53.00	05300	ANESTHESIOLOGY	26,677	269,676	157,913	3,216	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	50,092	507	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,495	82,965	532,775	4,467	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,681	0	6,154	396	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	15,677	177,034	288,703	2,524	0	59.00
60.00	06000	LABORATORY	32,750	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	24,158	317	100,735	2,370	0	65.00
66.00	06600	PHYSICAL THERAPY	5,680	0	428	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,444	0	169	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,927	0	709	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,515	69,005	9,006	558	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,002	0	1,361	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,162,409	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,590,192	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,564,805	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,050	741	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	812,355	10,980	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,576	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	18,996	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	9,466	99,939	78,761	17,321	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	146	2,697	1,187	56	0	90.04
91.00	09100	EMERGENCY	63,248	644,208	483,326	8,861	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	761,772	7,194,955	16,724,109	5,656,250	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	720	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	795,951	693	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
193.01	19301	RETAIL PHARMACY	0	0	2,406	0	0	193.01
193.02	19302	WHITE HOSPITAL	7,110	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	6,185	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	775,787	7,194,955	17,522,466	5,656,943	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMITTING					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
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	656,086				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	1,133,189			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	301,984		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	972,423	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0	0	0	232,179
23.00 02300	PARAMED PRGM - PHARMACY	0	0	0	0	232,179
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	524,644	95,072	225,940	727,554	0
31.00 03100	INTENSIVE CARE UNIT	38,652	11,381	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	44,266	10,915	0	0	0
43.00 04300	NURSERY	41,178	2,856	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	99,388	0	0	0
51.00 05100	RECOVERY ROOM	0	12,480	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,346	18,617	939	3,023	0
53.00 05300	ANESTHESIOLOGY	0	20,317	0	0	0
53.01 05301	ASC ANESTHESIOLOGY	0	2,864	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	61,868	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	10,346	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	36,917	0	0	0
60.00 06000	LABORATORY	0	41,690	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	2,856	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	10,395	0	0	0
66.00 06600	PHYSICAL THERAPY	0	2,776	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	1,378	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	1,273	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	20,464	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,269	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,080	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,393	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	128,092	0	0	232,179
74.00 07400	RENAL DIALYSIS	0	2,416	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	0	84,592	0	0	0
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	90	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	0	6,517	0	0	0
90.03 09002	ARNETT CANCER CARE CENTER	0	15,696	0	0	0
90.04 09003	OUTPATIENT INFUSION CENTER	0	458	0	0	0
91.00 09100	EMERGENCY	0	128,386	75,105	241,846	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	656,086	918,842	301,984	972,423	232,179
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00 19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY		
				PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			17.00	18.00	21.00	22.00	23.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	210,050	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	4,297	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	656,086	1,133,189	301,984	972,423	232,179	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	55,931,534	0	55,931,534	30.00
31.00	03100	7,105,835	0	7,105,835	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	5,472,002	0	5,472,002	35.00
43.00	04300	1,756,857	0	1,756,857	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	13,247,907	0	13,247,907	50.00
51.00	05100	1,765,117	0	1,765,117	51.00
52.00	05200	6,042,844	0	6,042,844	52.00
53.00	05300	5,923,924	0	5,923,924	53.00
53.01	05301	79,687	0	79,687	53.01
54.00	05400	8,569,894	0	8,569,894	54.00
55.00	05500	0	0	0	55.00
56.00	05600	735,488	0	735,488	56.00
59.00	05900	4,039,245	0	4,039,245	59.00
60.00	06000	11,143,688	0	11,143,688	60.00
63.00	06300	810,288	0	810,288	63.00
65.00	06500	3,066,332	0	3,066,332	65.00
66.00	06600	865,103	0	865,103	66.00
67.00	06700	505,573	0	505,573	67.00
68.00	06800	338,048	0	338,048	68.00
69.00	06900	2,701,068	0	2,701,068	69.00
70.00	07000	158,556	0	158,556	70.00
71.00	07100	12,961,727	0	12,961,727	71.00
72.00	07200	20,619,249	0	20,619,249	72.00
73.00	07300	47,486,301	0	47,486,301	73.00
74.00	07400	1,210,543	0	1,210,543	74.00
75.00	07500	0	0	0	75.00
75.01	07501	8,701,076	0	8,701,076	75.01
76.00	03950	0	0	0	76.00
76.97	07697	818,982	0	818,982	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	04950	1,123,185	0	1,123,185	90.01
90.03	09002	3,765,535	0	3,765,535	90.03
90.04	09003	38,031	0	38,031	90.04
91.00	09100	14,907,106	0	14,907,106	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
93.00	04951	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		241,890,725	0	241,890,725	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	472,173	0	472,173	190.00
191.00	19100	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	148,303,483	0	148,303,483	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	6,593,980	0	6,593,980	193.01
193.02	19302	WHITE HOSPITAL	2,061,287	0	2,061,287	193.02
193.03	19303	HOSPICE	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,775,114	0	1,775,114	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	401,096,762	0	401,096,762	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
			0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01		
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00		
5.01	00570	ADMITTING	0	51,740	29,392	77,006	72,839	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	161,313	172,465	240,085	227,096	5.06
7.00	00700	OPERATION OF PLANT	0	1,110,796	0	1,653,218	1,563,774	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	29,755	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	56,044	1,511	83,412	78,899	9.00
10.00	01000	DIETARY	0	133,320	0	198,423	187,687	10.00
11.00	01100	CAFETERIA	0	70,688	0	105,206	99,514	11.00
13.00	01300	NURSING ADMINISTRATION	0	145,172	0	216,061	204,372	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	295,069	765	439,157	415,397	14.00
15.00	01500	PHARMACY	0	58,429	481	86,961	82,256	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	19,050	0	28,352	26,818	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	17,488	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	1,367	118	2,034	1,924	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,624,663	0	2,418,015	2,287,196	30.00
31.00	03100	INTENSIVE CARE UNIT	0	161,255	0	239,999	227,014	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	135,719	0	201,994	191,065	35.00
43.00	04300	NURSERY	0	60,262	0	89,688	84,836	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	419,591	3,366	624,485	590,699	50.00
51.00	05100	RECOVERY ROOM	0	59,185	0	88,087	83,321	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	200,707	0	298,716	282,554	52.00
53.00	05300	ANESTHESIOLOGY	0	15,560	1,492	23,158	21,905	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	1,148	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	219,800	0	327,133	309,434	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	25,899	0	38,546	36,461	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	110,460	0	164,400	155,505	59.00
60.00	06000	LABORATORY	0	131,720	11,894	196,042	185,435	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,743	0	14,501	13,716	63.00
65.00	06500	RESPIRATORY THERAPY	0	14,731	0	21,924	20,738	65.00
66.00	06600	PHYSICAL THERAPY	0	10,383	0	15,453	14,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,148	0	7,662	7,247	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,755	0	7,077	6,694	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,094	0	47,766	45,182	69.00
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	22,627	0	33,676	31,854	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	330,946	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	27,930	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	60,688	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	123,721	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	771	0	1,147	1,085	90.04
91.00	09100	EMERGENCY	0	375,558	0	558,951	528,710	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,743,619	813,160	8,548,335	8,085,844	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,290	0	51,034	48,273	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	20,606	2,512,053	30,668	29,009	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	0	0	0	0	193.01
193.02 19302 WHITE HOSPITAL	0	22,089	12,169	32,876	31,097	193.02
193.03 19303 HOSPICE	0	0	0	0	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	21,696	11,718	32,291	30,544	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	5,842,300	3,349,100	8,695,204	8,224,767	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01	2A	4.00	5.01	5.06	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00570	ADMITTING	15,100	246,077	0	246,077	5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	88,606	889,565	0	0	889,565 5.06
7.00 00700	OPERATION OF PLANT	0	4,327,788	0	0	35,280 7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	15,287	45,042	0	0	19,760 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	44 8.00
9.00 00900	HOUSEKEEPING	776	220,642	0	0	11,994 9.00
10.00 01000	DIETARY	0	519,430	0	0	5,536 10.00
11.00 01100	CAFETERIA	0	275,408	0	0	1,072 11.00
13.00 01300	NURSING ADMINISTRATION	0	565,605	0	0	14,532 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	393	1,150,781	0	0	36,136 14.00
15.00 01500	PHARMACY	247	228,374	0	0	11,848 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	1,441 17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	74,220	0	0	2,307 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	665 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,985	26,473	0	0	2,004 22.00
23.00 02300	PARAMED PRGM - PHARMACY	61	5,504	0	0	498 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	6,329,874	0	20,635	87,195 30.00
31.00 03100	INTENSIVE CARE UNIT	0	628,268	0	2,470	12,061 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	528,778	0	2,369	9,689 35.00
43.00 04300	NURSERY	0	234,786	0	620	2,961 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,729	1,639,870	0	21,572	20,585 50.00
51.00 05100	RECOVERY ROOM	0	230,593	0	2,709	2,942 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	781,977	0	4,041	10,253 52.00
53.00 05300	ANESTHESIOLOGY	766	62,881	0	4,410	11,924 53.00
53.01 05301	ASC ANESTHESIOLOGY	590	1,738	0	622	49 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	856,367	0	13,428	15,387 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	100,906	0	2,246	1,350 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	430,365	0	8,013	6,790 59.00
60.00 06000	LABORATORY	6,111	531,202	0	9,049	23,242 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	37,960	0	620	1,701 63.00
65.00 06500	RESPIRATORY THERAPY	0	57,393	0	2,256	6,360 65.00
66.00 06600	PHYSICAL THERAPY	0	40,453	0	603	1,804 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	20,057	0	299	1,063 67.00
68.00 06800	SPEECH PATHOLOGY	0	18,526	0	276	697 68.00
69.00 06900	ELECTROCARDIOLOGY	0	125,042	0	4,442	5,433 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	275	344 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,878	19,456 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,108	30,981 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,802	92,178 73.00
74.00 07400	RENAL DIALYSIS	0	88,157	0	524	2,457 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	ASC (NON-DISTINCT PART)	170,027	500,973	0	18,360	14,515 75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	14,349	42,279	0	20	1,575 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	SLEEP CLINIC	31,179	91,867	0	1,415	1,927 90.01
90.03 09002	ARNETT CANCER CARE CENTER	63,563	187,284	0	3,407	6,826 90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	3,003	0	99	67 90.04
91.00 09100	EMERGENCY	0	1,463,219	0	27,865	25,967 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	417,769	23,608,727	0	199,433	560,896 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	133,597	0	0	731 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

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Cost Center Description			CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	ADMI TTING	OTHER ADMI NI STRATI VE & GENERAL	
			MVBLE EQUI P - NONHOSP					
			2.01	2A	4.00	5.01	5.06	
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	1,290,597	3,882,933	0	45,711	305,451	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAI L PHARMA CY	0	0	0	933	14,610	193.01
193.02	19302	WHI TE HOSPI TAL	6,252	104,483	0	0	4,251	193.02
193.03	19303	HOSPI CE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPI TAL	6,020	102,269	0	0	3,626	193.04
194.00	07950	MARKETI NG/PUBLI C RELATI ONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers		0			0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,720,638	27,832,009	0	246,077	889,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm		
Cost Center Description			OPERATION OF PLANT 7.00	OPERATION OF PLANT - NONHOSPITAL 7.01	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	4,363,068				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	64,802			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	44		8.00
9.00	00900	HOUSEKEEPING	54,117	31	0	286,784	9.00
10.00	01000	DIETARY	128,735	0	0	4,211	657,912
11.00	01100	CAFETERIA	68,257	0	0	2,233	0
13.00	01300	NURSING ADMINISTRATION	140,179	0	0	4,585	0
14.00	01400	CENTRAL SERVICES & SUPPLY	284,922	16	0	9,356	0
15.00	01500	PHARMACY	56,420	10	0	1,868	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	18,395	0	0	602	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	364	0	818	0
23.00	02300	PARAMED ED PRGM - PHARMACY	1,320	2	0	49	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,568,792	0	35	51,315	604,879
31.00	03100	INTENSIVE CARE UNIT	155,710	0	3	5,093	44,563
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	131,052	0	3	4,287	0
43.00	04300	NURSERY	58,189	0	3	1,903	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	405,162	70	0	13,410	0
51.00	05100	RECOVERY ROOM	57,150	0	0	1,869	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	193,805	0	0	6,339	8,470
53.00	05300	ANESTHESIOLOGY	15,025	31	0	561	0
53.01	05301	ASC ANESTHESIOLOGY	0	24	0	54	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,242	0	0	6,942	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	25,008	0	0	818	0
59.00	05900	CARDIAC CATHETERIZATION	106,662	0	0	3,489	0
60.00	06000	LABORATORY	127,191	247	0	4,717	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,408	0	0	308	0
65.00	06500	RESPIRATORY THERAPY	14,224	0	0	465	0
66.00	06600	PHYSICAL THERAPY	10,026	0	0	328	0
67.00	06700	OCCUPATIONAL THERAPY	4,971	0	0	163	0
68.00	06800	SPEECH PATHOLOGY	4,592	0	0	150	0
69.00	06900	ELECTROCARDIOLOGY	30,990	0	0	1,014	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 PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	21,849	0	0	715	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	6,879	0	15,489	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	581	0	1,307	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	1,261	0	2,840	0
90.03	09002	ARNETT CANCER CARE CENTER	0	2,572	0	5,791	0
90.04	09003	OUTPATIENT INFUSION CENTER	744	0	0	24	0
91.00	09100	EMERGENCY	362,644	0	0	11,862	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,267,781	12,088	44	164,975	657,912
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,111	0	0	1,083	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,897	52,217	0	118,225	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm		
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			7.00	7.01	8.00	9.00	10.00		
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	21,329	253	0	1,267	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	20,950	244	0	1,234	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,363,068	64,802	44	286,784	657,912	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm			
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	346,970				11.00
13.00	01300	NURSING ADMINISTRATION	18,686	743,587			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,521	0	1,483,732		14.00
15.00	01500	PHARMACY	13,318	0	3,519	315,357	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,900	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	6,195	0	29	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	966	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,184	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	621	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	116,564	404,845	110,033	1,414	0
31.00	03100	INTENSIVE CARE UNIT	13,709	50,970	18,086	301	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,031	39,379	6,582	97	0
43.00	04300	NURSERY	3,655	12,279	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,471	44,347	138,200	362	0
51.00	05100	RECOVERY ROOM	3,739	16,001	1,524	3	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,732	36,674	11,552	22	0
53.00	05300	ANESTHESIOLOGY	11,931	27,871	13,371	179	0
53.01	05301	ASC ANESTHESIOLOGY	0	0	4,242	28	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,111	8,574	45,113	249	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,199	0	521	22	0
59.00	05900	CARDIAC CATHETERIZATION	7,012	18,296	24,446	141	0
60.00	06000	LABORATORY	14,648	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,805	33	8,530	132	0
66.00	06600	PHYSICAL THERAPY	2,540	0	36	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,540	0	14	0	0
68.00	06800	SPEECH PATHOLOGY	862	0	60	0	0
69.00	06900	ELECTROCARDIOLOGY	8,728	7,132	763	31	0
70.00	07000	ELECTROENCEPHALOGRAPHY	448	0	115	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	352,456	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	558,031	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	310,221	0
74.00	07400	RENAL DIALYSIS	0	0	512	41	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	0	68,787	612	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	303	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	0	1,609	0	0
90.03	09002	ARNETT CANCER CARE CENTER	4,234	10,329	6,669	966	0
90.04	09003	OUTPATIENT INFUSION CENTER	65	279	101	3	0
91.00	09100	EMERGENCY	28,287	66,578	40,926	494	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	340,702	743,587	1,416,130	315,318	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	322	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	67,398	39	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
193.01	19301	RETAIL PHARMACY	0	0	204	0	0	0
193.02	19302	WHITE HOSPITAL	3,180	0	0	0	0	0
193.03	19303	HOSPICE	0	0	0	0	0	0
193.04	19304	FRANKFORT HOSPITAL	2,766	0	0	0	0	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0
200.00		Cross Foot Adjustments						
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	346,970	743,587	1,483,732	315,357		0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMITTING					5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
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	4,341				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	101,748			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,631		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	30,843	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0			7,994
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,471	8,482			30.00
31.00 03100	INTENSIVE CARE UNIT	256	1,015			31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0			33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0			33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	293	974			35.00
43.00 04300	NURSERY	272	255			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	8,867			50.00
51.00 05100	RECOVERY ROOM	0	1,113			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	49	1,661			52.00
53.00 05300	ANESTHESIOLOGY	0	1,813			53.00
53.01 05301	ASC ANESTHESIOLOGY	0	255			53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	5,520			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 05600	RADIOISOTOPE	0	923			56.00
59.00 05900	CARDIAC CATHETERIZATION	0	3,294			59.00
60.00 06000	LABORATORY	0	3,719			60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	255			63.00
65.00 06500	RESPIRATORY THERAPY	0	927			65.00
66.00 06600	PHYSICAL THERAPY	0	248			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	123			67.00
68.00 06800	SPEECH PATHOLOGY	0	114			68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,826			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	113			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,416			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,388			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	11,428			73.00
74.00 07400	RENAL DIALYSIS	0	216			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
75.01 07501	ASC (NON-DISTINCT PART)	0	7,547			75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0			76.00
76.97 07697	CARDIAC REHABILITATION	0	8			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0			90.00
90.01 04950	SLEEP CLINIC	0	581			90.01
90.03 09002	ARNETT CANCER CARE CENTER	0	1,400			90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	41			90.04
91.00 09100	EMERGENCY	0	11,454			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0			93.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,341	81,976	0	0	0
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
191.00 19100	RESEARCH	0	0			191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
				PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			17.00	18.00	21.00	22.00	23.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,389				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
193.01	19301	RETAIL PHARMACY	0	383				193.01
193.02	19302	WHITE HOSPITAL	0	0				193.02
193.03	19303	HOSPICE	0	0				193.03
193.04	19304	FRANKFORT HOSPITAL	0	0				193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0				194.00
200.00		Cross Foot Adjustments			1,631	30,843	7,994	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,341	101,748	1,631	30,843	7,994	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	9,307,534	0	9,307,534	30.00
31.00	03100	932,505	0	932,505	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	734,534	0	734,534	35.00
43.00	04300	314,923	0	314,923	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,314,916	0	2,314,916	50.00
51.00	05100	317,643	0	317,643	51.00
52.00	05200	1,067,575	0	1,067,575	52.00
53.00	05300	149,997	0	149,997	53.00
53.01	05301	7,012	0	7,012	53.01
54.00	05400	1,181,933	0	1,181,933	54.00
55.00	05500	0	0	0	55.00
56.00	05600	132,993	0	132,993	56.00
59.00	05900	608,508	0	608,508	59.00
60.00	06000	714,015	0	714,015	60.00
63.00	06300	50,252	0	50,252	63.00
65.00	06500	101,125	0	101,125	65.00
66.00	06600	56,038	0	56,038	66.00
67.00	06700	28,230	0	28,230	67.00
68.00	06800	25,277	0	25,277	68.00
69.00	06900	185,401	0	185,401	69.00
70.00	07000	1,295	0	1,295	70.00
71.00	07100	380,206	0	380,206	71.00
72.00	07200	607,508	0	607,508	72.00
73.00	07300	441,629	0	441,629	73.00
74.00	07400	114,471	0	114,471	74.00
75.00	07500	0	0	0	75.00
75.01	07501	633,162	0	633,162	75.01
76.00	03950	0	0	0	76.00
76.97	07697	46,073	0	46,073	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	04950	101,500	0	101,500	90.01
90.03	09002	229,478	0	229,478	90.03
90.04	09003	4,426	0	4,426	90.04
91.00	09100	2,039,296	0	2,039,296	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
93.00	04951	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		22,829,455	0	22,829,455	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	168,844	0	168,844	190.00
191.00	19100	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,511,260	0	4,511,260	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	16,130	0	16,130	193.01
193.02	19302	WHITE HOSPITAL	134,763	0	134,763	193.02
193.03	19303	HOSPICE	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	131,089	0	131,089	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	40,468	0	40,468	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	27,832,009	0	27,832,009	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	401,757					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	341,269				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	401,757			1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				401,757		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	341,269	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00570	ADMITTING	3,558	2,995	3,558	3,558	2,995	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	11,093	17,574	11,093	11,093	17,574	5.06
7.00	00700	OPERATION OF PLANT	76,386	0	76,386	76,386	0	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	3,032	0	0	3,032	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,854	154	3,854	3,854	154	9.00
10.00	01000	DIETARY	9,168	0	9,168	9,168	0	10.00
11.00	01100	CAFETERIA	4,861	0	4,861	4,861	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,983	0	9,983	9,983	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,291	78	20,291	20,291	78	14.00
15.00	01500	PHARMACY	4,018	49	4,018	4,018	49	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,310	0	1,310	1,310	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	1,782	0	0	1,782	22.00
23.00	02300	PARAMED PRGM - PHARMACY	94	12	94	94	12	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,723	0	111,723	111,723	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,089	0	11,089	11,089	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,333	0	9,333	9,333	0	35.00
43.00	04300	NURSERY	4,144	0	4,144	4,144	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,854	343	28,854	28,854	343	50.00
51.00	05100	RECOVERY ROOM	4,070	0	4,070	4,070	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,802	0	13,802	13,802	0	52.00
53.00	05300	ANESTHESIOLOGY	1,070	152	1,070	1,070	152	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	117	0	0	117	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,115	0	15,115	15,115	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,781	0	1,781	1,781	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,596	0	7,596	7,596	0	59.00
60.00	06000	LABORATORY	9,058	1,212	9,058	9,058	1,212	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	670	0	670	670	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,013	0	1,013	1,013	0	65.00
66.00	06600	PHYSICAL THERAPY	714	0	714	714	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	354	0	354	354	0	67.00
68.00	06800	SPEECH PATHOLOGY	327	0	327	327	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,207	0	2,207	2,207	0	69.00
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,556	0	1,556	1,556	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	33,723	0	0	33,723	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,846	0	0	2,846	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	6,184	0	0	6,184	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	12,607	0	0	12,607	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	53	0	53	53	0	90.04
91.00	09100	EMERGENCY	25,826	0	25,826	25,826	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	394,971	82,860	394,971	394,971	82,860	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,358	0	2,358	2,358	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,417	255,975	1,417	1,417	255,975	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	1,519	1,240	1,519	1,519	1,240	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,492	1,194	1,492	1,492	1,194	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,842,300	3,349,100	8,695,204	8,224,767	1,720,638	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.541875	9.813666	21.642943	20.471994	5.041882	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet B-1 Date/Time Prepared: 5/28/2019 6:14 pm	
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	174,032,261				4.00
5.01 00570	ADMITTING	2,823,032	1,508,816,085			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	6,421,701	0	-66,666,487	334,430,275	5.06
7.00 00700	OPERATION OF PLANT	1,357,691	0	0	13,263,095	310,720 7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	351,670	0	0	7,428,486	0 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	16,507	0 8.00
9.00 00900	HOUSEKEEPING	2,477,050	0	0	4,509,045	3,854 9.00
10.00 01000	DIETARY	564,962	0	0	2,081,085	9,168 10.00
11.00 01100	CAFETERIA	306,860	0	0	402,938	4,861 11.00
13.00 01300	NURSING ADMINISTRATION	3,733,170	0	0	5,463,338	9,983 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	268,451	0	0	13,584,826	20,291 14.00
15.00 01500	PHARMACY	2,981,417	0	0	4,454,105	4,018 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	420,934	0	0	541,631	0 17.00
18.00 01850	PATIENT TRANSPORT SERVICES	474,611	0	0	867,275	1,310 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	249,991	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	602,734	0	0	753,569	0 22.00
23.00 02300	PARAMED PRGM - PHARMACY	128,954	0	0	187,344	94 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,621,140	126,594,157	0	32,780,032	111,723 30.00
31.00 03100	INTENSIVE CARE UNIT	2,296,890	15,154,164	0	4,534,194	11,089 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,085,896	14,534,317	0	3,642,548	9,333 35.00
43.00 04300	NURSERY	668,870	3,803,127	0	1,113,287	4,144 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,066,066	132,340,666	0	7,738,815	28,854 50.00
51.00 05100	RECOVERY ROOM	646,983	16,617,534	0	1,105,999	4,070 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,289,373	24,789,038	0	3,854,396	13,802 52.00
53.00 05300	ANESTHESIOLOGY	8,607,338	27,053,025	0	4,482,542	1,070 53.00
53.01 05301	ASC ANESTHESIOLOGY	0	3,813,254	0	18,253	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,480,487	82,380,621	0	5,784,610	15,115 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIO SOTOPE	237,436	13,776,096	0	507,555	1,781 56.00
59.00 05900	CARDIAC CATHETERIZATION	1,267,858	49,156,783	0	2,552,462	7,596 59.00
60.00 06000	LABORATORY	5,000	55,512,693	0	8,737,512	9,058 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,802,270	0	639,611	670 63.00
65.00 06500	RESPIRATORY THERAPY	1,794,984	13,841,704	0	2,390,806	1,013 65.00
66.00 06600	PHYSICAL THERAPY	492,151	3,696,600	0	678,080	714 66.00
67.00 06700	OCCUPATIONAL THERAPY	293,706	1,834,772	0	399,618	354 67.00
68.00 06800	SPEECH PATHOLOGY	173,943	1,695,622	0	262,194	327 68.00
69.00 06900	ELECTROCARDIOLOGY	1,380,432	27,249,647	0	2,042,541	2,207 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	98,084	1,689,624	0	129,174	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,058,975	0	7,314,203	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,417,266	0	11,646,930	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	170,561,358	0	34,653,327	0 73.00
74.00 07400	RENAL DIALYSIS	0	3,217,410	0	923,588	1,556 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	ASC (NON-DISTINCT PART)	2,983,729	112,639,287	0	5,456,640	0 75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	306,298	120,454	0	591,931	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	SLEEP CLINIC	452,662	8,678,163	0	724,295	0 90.01
90.03 09002	ARNETT CANCER CARE CENTER	753,753	20,900,252	0	2,566,000	0 90.03
90.04 09003	OUTPATIENT INFUSION CENTER	14,015	610,192	0	25,262	53 90.04
91.00 09100	EMERGENCY	4,221,366	170,953,104	0	9,761,983	25,826 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	87,151,697	1,223,492,175	-66,666,487	210,861,623	303,934 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,961	0	0	274,778	2,358 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	84,818,750	279,601,588	0	114,840,032	1,417	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	590,514	5,722,322	0	5,492,405	0	193.01
193.02	19302	WHITE HOSPITAL	789,270	0	0	1,598,249	1,519	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	654,069	0	0	1,363,188	1,492	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	34,134,991	4,309,639		66,666,487	15,907,000	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.196142	0.002856		0.199343	51.194001	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	246,077		889,565	4,363,068	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000163		0.002660	14.041800	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	317,668				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	45,457			8.00
9.00	00900	HOUSEKEEPING	154	0	624,380		9.00
10.00	01000	DIETARY	0	0	9,168	39,537	10.00
11.00	01100	CAFETERIA	0	0	4,861	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	9,983	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	78	0	20,369	0	14.00
15.00	01500	PHARMACY	49	0	4,067	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,310	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,782	0	1,782	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	12	0	106	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	36,350	111,723	36,350	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,678	11,089	2,678	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	3,067	9,333	0	35.00
43.00	04300	NURSERY	0	2,853	4,144	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	343	0	29,197	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,070	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	509	13,802	509	52.00
53.00	05300	ANESTHESIOLOGY	152	0	1,222	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	117	0	117	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,115	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,781	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,596	0	59.00
60.00	06000	LABORATORY	1,212	0	10,270	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	670	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,013	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	714	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	354	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	327	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,207	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,556	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	33,723	0	33,723	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,846	0	2,846	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	6,184	0	6,184	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	12,607	0	12,607	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	53	0	90.04
91.00	09100	EMERGENCY	0	0	25,826	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,259	45,457	359,185	39,537	88,923
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,358	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	255,975	0	257,392	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description			OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
			7.01	8.00	9.00	10.00	11.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	1,240	0	2,759	0	830	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,194	0	2,686	0	722	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,909,303	19,798	5,609,513	3,047,649	775,787	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.045957	0.435532	8.984133	77.083466	8.566647	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	64,802	44	286,784	657,912	346,970	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.203993	0.000968	0.459310	16.640413	3.831425	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet B-1	
Date/Time Prepared: 5/28/2019 6:14 pm								
Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
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	45,356					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,357,016				14.00
15.00	01500	PHARMACY	0	71,995	34,731,898			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,508,816,085		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	45,457	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	596	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,694	2,251,262	155,734	126,594,157	36,350	30.00
31.00	03100	INTENSIVE CARE UNIT	3,109	370,046	33,161	15,154,164	2,678	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,402	134,668	10,728	14,534,317	3,067	35.00
43.00	04300	NURSERY	749	0	0	3,803,127	2,853	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,705	2,827,559	39,873	132,340,666	0	50.00
51.00	05100	RECOVERY ROOM	976	31,185	325	16,617,534	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,237	236,347	2,381	24,789,038	509	52.00
53.00	05300	ANESTHESIOLOGY	1,700	273,578	19,744	27,053,025	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	86,783	3,113	3,813,254	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	523	923,013	27,428	82,380,621	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	10,661	2,430	13,776,096	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,116	500,167	15,494	49,156,783	0	59.00
60.00	06000	LABORATORY	0	0	0	55,512,693	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,802,270	0	63.00
65.00	06500	RESPIRATORY THERAPY	2	174,519	14,552	13,841,704	0	65.00
66.00	06600	PHYSICAL THERAPY	0	741	0	3,696,600	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	292	0	1,834,772	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,228	0	1,695,622	0	68.00
69.00	06900	ELECTROCARDIOLOGY	435	15,603	3,424	27,249,647	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,358	0	1,689,624	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,211,219	0	36,058,975	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,417,258	0	80,417,266	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	34,166,204	170,561,358	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,481	4,552	3,217,410	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	1,407,375	67,414	112,639,287	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,196	0	120,454	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	32,910	0	8,678,163	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	630	136,451	106,345	20,900,252	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	17	2,057	341	610,192	0	90.04
91.00	09100	EMERGENCY	4,061	837,344	54,401	170,953,104	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,356	28,973,892	34,727,644	1,223,492,175	45,457	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,378,956	4,254	279,601,588	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	4,168	0	5,722,322	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,194,955	17,522,466	5,656,943	0	656,086	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	158.632926	0.577213	0.162875	0.000000	14.433113	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	743,587	1,483,732	315,357	0	4,341	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.394457	0.048876	0.009080	0.000000	0.095497	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)	
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	18.00	21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00570	ADMINISTRATIVE				5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL				7.01
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
18.00 01850	PATIENT TRANSPORT SERVICES	1,508,816,085			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	965		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		965	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	126,594,157	722	722	30.00
31.00 03100	INTENSIVE CARE UNIT	15,154,164	0	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	14,534,317	0	0	35.00
43.00 04300	NURSERY	3,803,127	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	132,340,666	0	0	50.00
51.00 05100	RECOVERY ROOM	16,617,534	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,789,038	3	3	52.00
53.00 05300	ANESTHESIOLOGY	27,053,025	0	0	53.00
53.01 05301	ASC ANESTHESIOLOGY	3,813,254	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	82,380,621	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	13,776,096	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	49,156,783	0	0	59.00
60.00 06000	LABORATORY	55,512,693	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,802,270	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	13,841,704	0	0	65.00
66.00 06600	PHYSICAL THERAPY	3,696,600	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,834,772	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,695,622	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	27,249,647	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,689,624	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,058,975	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	80,417,266	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	170,561,358	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,217,410	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	112,639,287	0	0	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	120,454	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 04950	SLEEP CLINIC	8,678,163	0	0	90.01
90.03 09002	ARNETT CANCER CARE CENTER	20,900,252	0	0	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	610,192	0	0	90.04
91.00 09100	EMERGENCY	170,953,104	240	240	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,223,492,175	965	965	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)			
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)				
	18.00	21.00	22.00			23.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	279,601,588	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	5,722,322	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,133,189	301,984	972,423	232,179	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000751	312.936788	1,007.692228	2,321.790000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	101,748	1,631	30,843	7,994	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000067	1.690155	31.961658	79.940000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		55,931,534		232,026	56,163,560	30.00
31.00	03100 INTENSIVE CARE UNIT		7,105,835		271,260	7,377,095	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT		0		0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,472,002		195,353	5,667,355	35.00
43.00	04300 NURSERY		1,756,857		0	1,756,857	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		13,247,907		0	13,247,907	50.00
51.00	05100 RECOVERY ROOM		1,765,117		0	1,765,117	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,042,844		0	6,042,844	52.00
53.00	05300 ANESTHESIOLOGY		5,923,924		275,834	6,199,758	53.00
53.01	05301 ASC ANESTHESIOLOGY		79,687		0	79,687	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,569,894		0	8,569,894	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
56.00	05600 RADIOISOTOPE		735,488		0	735,488	56.00
59.00	05900 CARDIAC CATHETERIZATION		4,039,245		0	4,039,245	59.00
60.00	06000 LABORATORY		11,143,688		0	11,143,688	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		810,288		0	810,288	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,066,332	0	0	3,066,332	65.00
66.00	06600 PHYSICAL THERAPY	0	865,103	0	0	865,103	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	505,573	0	0	505,573	67.00
68.00	06800 SPEECH PATHOLOGY	0	338,048	0	0	338,048	68.00
69.00	06900 ELECTROCARDIOLOGY		2,701,068		0	2,701,068	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		158,556		0	158,556	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,961,727		0	12,961,727	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		20,619,249		0	20,619,249	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		47,486,301		0	47,486,301	73.00
74.00	07400 RENAL DIALYSIS		1,210,543		0	1,210,543	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		8,701,076		0	8,701,076	75.01
76.00	03950 CARDIAC CATHETERIZATION		0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION		818,982		0	818,982	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0		0	0	90.00
90.01	04950 SLEEP CLINIC		1,123,185		0	1,123,185	90.01
90.03	09002 ARNETT CANCER CARE CENTER		3,765,535		0	3,765,535	90.03
90.04	09003 OUTPATIENT INFUSION CENTER		38,031		0	38,031	90.04
91.00	09100 EMERGENCY		14,907,106		0	14,907,106	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,633,994		0	5,633,994	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0		0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0		0	0	93.00
200.00	Subtotal (see instructions)		247,524,719	0	974,473	248,499,192	200.00
201.00	Less Observation Beds		5,633,994			5,633,994	201.00
202.00	Total (see instructions)		241,890,725	0	974,473	242,865,198	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,276,115		97,276,115		30.00
31.00	03100	INTENSIVE CARE UNIT	15,154,164		15,154,164		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,260,219		12,260,219		35.00
43.00	04300	NURSERY	3,803,127		3,803,127		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,962,661	75,378,005	132,340,666	0.100105	50.00
51.00	05100	RECOVERY ROOM	5,519,576	11,097,958	16,617,534	0.106220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,111,295	1,677,743	24,789,038	0.243771	52.00
53.00	05300	ANESTHESIOLOGY	3,647,200	4,544,844	8,192,044	0.723131	53.00
53.01	05301	ASC ANESTHESIOLOGY	9,816	3,803,438	3,813,254	0.020897	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,442,914	48,921,714	82,364,628	0.104048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,903,170	11,872,926	13,776,096	0.053389	56.00
59.00	05900	CARDIAC CATHETERIZATION	24,814,697	24,342,086	49,156,783	0.082171	59.00
60.00	06000	LABORATORY	26,515,729	28,191,510	54,707,239	0.203697	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,691,305	1,110,965	3,802,270	0.213106	63.00
65.00	06500	RESPIRATORY THERAPY	12,110,755	1,730,949	13,841,704	0.221529	65.00
66.00	06600	PHYSICAL THERAPY	3,442,090	254,510	3,696,600	0.234027	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,704,934	129,838	1,834,772	0.275551	67.00
68.00	06800	SPEECH PATHOLOGY	1,510,900	184,722	1,695,622	0.199365	68.00
69.00	06900	ELECTROCARDIOLOGY	15,165,576	12,084,071	27,249,647	0.099123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,346,870	342,754	1,689,624	0.093841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,396,274	20,662,701	36,058,975	0.359459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,476,671	35,940,595	80,417,266	0.256403	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,341,594	119,219,764	170,561,358	0.278412	73.00
74.00	07400	RENAL DIALYSIS	2,472,990	744,420	3,217,410	0.376248	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	194,580	112,444,707	112,639,287	0.077247	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	93,823	26,077	119,900	6.830542	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	8,678,163	8,678,163	0.129427	90.01
90.03	09002	ARNETT CANCER CARE CENTER	228,344	20,671,908	20,900,252	0.180167	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	13,108	597,084	610,192	0.062326	90.04
91.00	09100	EMERGENCY	39,022,545	131,930,559	170,953,104	0.087200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,777,298	18,222,016	19,999,314	0.281709	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
200.00		Subtotal (see instructions)	497,410,340	694,806,027	1,192,216,367		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	497,410,340	694,806,027	1,192,216,367		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 6:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
33.01	03301	BURN INTENSIVE CARE UNIT		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.100105	50.00
51.00	05100	RECOVERY ROOM	0.106220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243771	52.00
53.00	05300	ANESTHESIOLOGY	0.756802	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020897	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.053389	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.082171	59.00
60.00	06000	LABORATORY	0.203697	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.213106	63.00
65.00	06500	RESPIRATORY THERAPY	0.221529	65.00
66.00	06600	PHYSICAL THERAPY	0.234027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275551	67.00
68.00	06800	SPEECH PATHOLOGY	0.199365	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.093841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.359459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256403	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.278412	73.00
74.00	07400	RENAL DIALYSIS	0.376248	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.077247	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6.830542	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	04950	SLEEP CLINIC	0.129427	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.180167	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.062326	90.04
91.00	09100	EMERGENCY	0.087200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281709	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	93.00
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: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	55,931,534		55,931,534	232,026	56,163,560	30.00
31.00	03100 INTENSIVE CARE UNIT	7,105,835		7,105,835	271,260	7,377,095	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	5,472,002		5,472,002	195,353	5,667,355	35.00
43.00	04300 NURSERY	1,756,857		1,756,857	0	1,756,857	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	13,247,907		13,247,907	0	13,247,907	50.00
51.00	05100 RECOVERY ROOM	1,765,117		1,765,117	0	1,765,117	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,042,844		6,042,844	0	6,042,844	52.00
53.00	05300 ANESTHESIOLOGY	5,923,924		5,923,924	275,834	6,199,758	53.00
53.01	05301 ASC ANESTHESIOLOGY	79,687		79,687	0	79,687	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,569,894		8,569,894	0	8,569,894	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	735,488		735,488	0	735,488	56.00
59.00	05900 CARDIAC CATHETERIZATION	4,039,245		4,039,245	0	4,039,245	59.00
60.00	06000 LABORATORY	11,143,688		11,143,688	0	11,143,688	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	810,288		810,288	0	810,288	63.00
65.00	06500 RESPIRATORY THERAPY	3,066,332	0	3,066,332	0	3,066,332	65.00
66.00	06600 PHYSICAL THERAPY	865,103	0	865,103	0	865,103	66.00
67.00	06700 OCCUPATIONAL THERAPY	505,573	0	505,573	0	505,573	67.00
68.00	06800 SPEECH PATHOLOGY	338,048	0	338,048	0	338,048	68.00
69.00	06900 ELECTROCARDIOLOGY	2,701,068		2,701,068	0	2,701,068	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	158,556		158,556	0	158,556	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,961,727		12,961,727	0	12,961,727	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,619,249		20,619,249	0	20,619,249	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,486,301		47,486,301	0	47,486,301	73.00
74.00	07400 RENAL DIALYSIS	1,210,543		1,210,543	0	1,210,543	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	8,701,076		8,701,076	0	8,701,076	75.01
76.00	03950 CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	818,982		818,982	0	818,982	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 SLEEP CLINIC	1,123,185		1,123,185	0	1,123,185	90.01
90.03	09002 ARNETT CANCER CARE CENTER	3,765,535		3,765,535	0	3,765,535	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	38,031		38,031	0	38,031	90.04
91.00	09100 EMERGENCY	14,907,106		14,907,106	0	14,907,106	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,633,994		5,633,994	0	5,633,994	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
200.00	Subtotal (see instructions)	247,524,719	0	247,524,719	974,473	248,499,192	200.00
201.00	Less Observation Beds	5,633,994		5,633,994		5,633,994	201.00
202.00	Total (see instructions)	241,890,725	0	241,890,725	974,473	242,865,198	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:14 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,276,115		97,276,115		30.00
31.00	03100	INTENSIVE CARE UNIT	15,154,164		15,154,164		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,260,219		12,260,219		35.00
43.00	04300	NURSERY	3,803,127		3,803,127		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,962,661	75,378,005	132,340,666	0.100105	50.00
51.00	05100	RECOVERY ROOM	5,519,576	11,097,958	16,617,534	0.106220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,111,295	1,677,743	24,789,038	0.243771	52.00
53.00	05300	ANESTHESIOLOGY	3,647,200	4,544,844	8,192,044	0.723131	53.00
53.01	05301	ASC ANESTHESIOLOGY	9,816	3,803,438	3,813,254	0.020897	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,442,914	48,921,714	82,364,628	0.104048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,903,170	11,872,926	13,776,096	0.053389	56.00
59.00	05900	CARDIAC CATHETERIZATION	24,814,697	24,342,086	49,156,783	0.082171	59.00
60.00	06000	LABORATORY	26,515,729	28,191,510	54,707,239	0.203697	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,691,305	1,110,965	3,802,270	0.213106	63.00
65.00	06500	RESPIRATORY THERAPY	12,110,755	1,730,949	13,841,704	0.221529	65.00
66.00	06600	PHYSICAL THERAPY	3,442,090	254,510	3,696,600	0.234027	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,704,934	129,838	1,834,772	0.275551	67.00
68.00	06800	SPEECH PATHOLOGY	1,510,900	184,722	1,695,622	0.199365	68.00
69.00	06900	ELECTROCARDIOLOGY	15,165,576	12,084,071	27,249,647	0.099123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,346,870	342,754	1,689,624	0.093841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,396,274	20,662,701	36,058,975	0.359459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,476,671	35,940,595	80,417,266	0.256403	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,341,594	119,219,764	170,561,358	0.278412	73.00
74.00	07400	RENAL DIALYSIS	2,472,990	744,420	3,217,410	0.376248	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	194,580	112,444,707	112,639,287	0.077247	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	93,823	26,077	119,900	6.830542	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	8,678,163	8,678,163	0.129427	90.01
90.03	09002	ARNETT CANCER CARE CENTER	228,344	20,671,908	20,900,252	0.180167	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	13,108	597,084	610,192	0.062326	90.04
91.00	09100	EMERGENCY	39,022,545	131,930,559	170,953,104	0.087200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,777,298	18,222,016	19,999,314	0.281709	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
200.00		Subtotal (see instructions)	497,410,340	694,806,027	1,192,216,367		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	497,410,340	694,806,027	1,192,216,367		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 6:14 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03301 BURN INTENSIVE CARE UNIT			33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.100105		50.00
51.00	05100 RECOVERY ROOM	0.106220		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.243771		52.00
53.00	05300 ANESTHESIOLOGY	0.756802		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.020897		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104048		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.053389		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.082171		59.00
60.00	06000 LABORATORY	0.203697		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.213106		63.00
65.00	06500 RESPIRATORY THERAPY	0.221529		65.00
66.00	06600 PHYSICAL THERAPY	0.234027		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.275551		67.00
68.00	06800 SPEECH PATHOLOGY	0.199365		68.00
69.00	06900 ELECTROCARDIOLOGY	0.099123		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.093841		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.359459		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.256403		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.278412		73.00
74.00	07400 RENAL DIALYSIS	0.376248		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.077247		75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	6.830542		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.129427		90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.180167		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.062326		90.04
91.00	09100 EMERGENCY	0.087200		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281709		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/28/2019 6:14 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,247,907	2,314,916	10,932,991	0	0	50.00
51.00	05100	RECOVERY ROOM	1,765,117	317,643	1,447,474	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,042,844	1,067,575	4,975,269	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,923,924	149,997	5,773,927	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	79,687	7,012	72,675	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,569,894	1,181,933	7,387,961	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	735,488	132,993	602,495	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,039,245	608,508	3,430,737	0	0	59.00
60.00	06000	LABORATORY	11,143,688	714,015	10,429,673	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	810,288	50,252	760,036	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,066,332	101,125	2,965,207	0	0	65.00
66.00	06600	PHYSICAL THERAPY	865,103	56,038	809,065	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	505,573	28,230	477,343	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	338,048	25,277	312,771	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,701,068	185,401	2,515,667	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	158,556	1,295	157,261	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,961,727	380,206	12,581,521	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,619,249	607,508	20,011,741	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,486,301	441,629	47,044,672	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,210,543	114,471	1,096,072	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,701,076	633,162	8,067,914	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	818,982	46,073	772,909	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,123,185	101,500	1,021,685	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	3,765,535	229,478	3,536,057	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	38,031	4,426	33,605	0	0	90.04
91.00	09100	EMERGENCY	14,907,106	2,039,296	12,867,810	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,633,994	933,677	4,700,317	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Subtotal (sum of lines 50 thru 199)	177,258,491	12,473,636	164,784,855	0	0	200.00
201.00		Less Observation Beds	5,633,994	933,677	4,700,317	0	0	201.00
202.00		Total (line 200 minus line 201)	171,624,497	11,539,959	160,084,538	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part II Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,247,907	132,340,666	0.100105	50.00
51.00	05100	RECOVERY ROOM	1,765,117	16,617,534	0.106220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,042,844	24,789,038	0.243771	52.00
53.00	05300	ANESTHESIOLOGY	5,923,924	8,192,044	0.723131	53.00
53.01	05301	ASC ANESTHESIOLOGY	79,687	3,813,254	0.020897	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,569,894	82,364,628	0.104048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	735,488	13,776,096	0.053389	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,039,245	49,156,783	0.082171	59.00
60.00	06000	LABORATORY	11,143,688	54,707,239	0.203697	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	810,288	3,802,270	0.213106	63.00
65.00	06500	RESPIRATORY THERAPY	3,066,332	13,841,704	0.221529	65.00
66.00	06600	PHYSICAL THERAPY	865,103	3,696,600	0.234027	66.00
67.00	06700	OCCUPATIONAL THERAPY	505,573	1,834,772	0.275551	67.00
68.00	06800	SPEECH PATHOLOGY	338,048	1,695,622	0.199365	68.00
69.00	06900	ELECTROCARDIOLOGY	2,701,068	27,249,647	0.099123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	158,556	1,689,624	0.093841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,961,727	36,058,975	0.359459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,619,249	80,417,266	0.256403	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,486,301	170,561,358	0.278412	73.00
74.00	07400	RENAL DIALYSIS	1,210,543	3,217,410	0.376248	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,701,076	112,639,287	0.077247	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	818,982	119,900	6.830542	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	1,123,185	8,678,163	0.129427	90.01
90.03	09002	ARNETT CANCER CARE CENTER	3,765,535	20,900,252	0.180167	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	38,031	610,192	0.062326	90.04
91.00	09100	EMERGENCY	14,907,106	170,953,104	0.087200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,633,994	19,999,314	0.281709	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
200.00		Subtotal (sum of lines 50 thru 199)	177,258,491	1,063,722,742		200.00
201.00		Less Observation Beds	5,633,994	0		201.00
202.00		Total (line 200 minus line 201)	171,624,497	1,063,722,742		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,307,534	0	9,307,534	40,403	230.37	30.00
31.00	INTENSIVE CARE UNIT	932,505		932,505	2,678	348.21	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	734,534		734,534	3,067	239.50	35.00
43.00	NURSERY	314,923		314,923	2,853	110.38	43.00
200.00	Total (lines 30 through 199)	11,289,496		11,289,496	49,001		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	17,112	3,942,091				
31.00	INTENSIVE CARE UNIT	1,076	374,674				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	18,188	4,316,765				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,314,916	132,340,666	0.017492	21,890,736	382,913	50.00
51.00	05100 RECOVERY ROOM	317,643	16,617,534	0.019115	2,129,943	40,714	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,067,575	24,789,038	0.043066	221,201	9,526	52.00
53.00	05300 ANESTHESIOLOGY	149,997	8,192,044	0.018310	1,347,322	24,669	53.00
53.01	05301 ASC ANESTHESIOLOGY	7,012	3,813,254	0.001839	3,604	7	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,181,933	82,364,628	0.014350	16,937,712	243,056	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	132,993	13,776,096	0.009654	943,305	9,107	56.00
59.00	05900 CARDIAC CATHETERIZATION	608,508	49,156,783	0.012379	10,602,163	131,244	59.00
60.00	06000 LABORATORY	714,015	54,707,239	0.013052	11,401,837	148,817	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	50,252	3,802,270	0.013216	1,393,590	18,418	63.00
65.00	06500 RESPIRATORY THERAPY	101,125	13,841,704	0.007306	5,631,514	41,144	65.00
66.00	06600 PHYSICAL THERAPY	56,038	3,696,600	0.015159	1,882,238	28,533	66.00
67.00	06700 OCCUPATIONAL THERAPY	28,230	1,834,772	0.015386	919,408	14,146	67.00
68.00	06800 SPEECH PATHOLOGY	25,277	1,695,622	0.014907	893,458	13,319	68.00
69.00	06900 ELECTROCARDIOLOGY	185,401	27,249,647	0.006804	8,344,754	56,778	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,295	1,689,624	0.000766	487,771	374	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	380,206	36,058,975	0.010544	6,449,377	68,002	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	607,508	80,417,266	0.007554	18,364,288	138,724	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	441,629	170,561,358	0.002589	22,345,095	57,851	73.00
74.00	07400 RENAL DIALYSIS	114,471	3,217,410	0.035579	1,416,016	50,380	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	633,162	112,639,287	0.005621	73,665	414	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	46,073	119,900	0.384262	41,892	16,098	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	101,500	8,678,163	0.011696	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	229,478	20,900,252	0.010980	128,599	1,412	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	4,426	610,192	0.007253	7,856	57	90.04
91.00	09100 EMERGENCY	2,039,296	170,953,104	0.011929	19,790,752	236,084	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	933,677	19,999,314	0.046685	1,092,510	51,004	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00	Total (lines 50 through 199)	12,473,636	1,063,722,742		154,740,606	1,782,791	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 6:14 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	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	953,494	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	953,494	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		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	953,494	40,403	23.60	17,112	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,678	0.00	1,076	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,067	0.00	0	35.00	
43.00	04300	NURSERY		0	2,853	0.00	0	43.00	
200.00		Total (lines 30 through 199)		953,494	49,001		18,188	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	403,843						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	403,843						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	232,179	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	232,179	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XVIII				Hospital		
		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)	PPS	
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	132,340,666	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,617,534	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,962	3,962	3,962	24,789,038	0.000160	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,192,044	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	3,813,254	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	82,364,628	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	13,776,096	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	49,156,783	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	54,707,239	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,802,270	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,841,704	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,696,600	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,834,772	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,695,622	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,249,647	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,689,624	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,058,975	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,417,266	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	232,179	232,179	170,561,358	0.001361	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,217,410	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	112,639,287	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	119,900	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	0	0	8,678,163	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	20,900,252	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	610,192	0.000000	90.04
91.00	09100	EMERGENCY	316,951	316,951	316,951	170,953,104	0.001854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	95,648	95,648	95,648	19,999,314	0.004783	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	416,561	648,740	648,740	1,063,722,742		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	21,890,736	0	18,566,500	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,129,943	0	2,421,600	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000160	221,201	35	9,919	2	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,347,322	0	1,020,512	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	3,604	0	853,737	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,937,712	0	15,693,752	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	943,305	0	4,345,578	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,602,163	0	9,593,832	0	59.00
60.00	06000 LABORATORY	0.000000	11,401,837	0	5,136,600	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,393,590	0	438,233	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,631,514	0	552,556	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,882,238	0	83,999	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	919,408	0	38,951	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	893,458	0	17,377	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,344,754	0	4,293,082	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	487,771	0	71,531	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	6,449,377	0	6,373,136	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,364,288	0	10,816,901	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001361	22,345,095	30,412	46,648,574	63,489	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,416,016	0	294,363	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	73,665	0	24,212,456	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	41,892	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	2,312,686	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	128,599	0	8,205,295	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	7,856	0	285,761	0	90.04
91.00	09100 EMERGENCY	0.001854	19,790,752	36,692	24,595,672	45,600	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.004783	1,092,510	5,225	5,710,846	27,315	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		154,740,606	72,364	192,593,449	136,406	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 6:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.100105	18,566,500	0	0	1,858,599	50.00
51.00 05100 RECOVERY ROOM	0.106220	2,421,600	0	0	257,222	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.243771	9,919	0	0	2,418	52.00
53.00 05300 ANESTHESIOLOGY	0.723131	1,020,512	0	0	737,964	53.00
53.01 05301 ASC ANESTHESIOLOGY	0.020897	853,737	0	0	17,841	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.104048	15,693,752	0	0	1,632,904	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.053389	4,345,578	0	0	232,006	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.082171	9,593,832	0	0	788,335	59.00
60.00 06000 LABORATORY	0.203697	5,136,600	0	0	1,046,310	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.213106	438,233	0	0	93,390	63.00
65.00 06500 RESPIRATORY THERAPY	0.221529	552,556	0	0	122,407	65.00
66.00 06600 PHYSICAL THERAPY	0.234027	83,999	0	0	19,658	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.275551	38,951	0	0	10,733	67.00
68.00 06800 SPEECH PATHOLOGY	0.199365	17,377	0	0	3,464	68.00
69.00 06900 ELECTROCARDIOLOGY	0.099123	4,293,082	0	0	425,543	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.093841	71,531	0	0	6,713	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.359459	6,373,136	1,245	0	2,290,881	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.256403	10,816,901	104,569	0	2,773,486	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.278412	46,648,574	142	72,224	12,987,523	73.00
74.00 07400 RENAL DIALYSIS	0.376248	294,363	0	0	110,753	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0.077247	24,212,456	0	0	1,870,340	75.01
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	6.830542	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0.129427	2,312,686	0	0	299,324	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0.180167	8,205,295	0	0	1,478,323	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0.062326	285,761	0	0	17,810	90.04
91.00 09100 EMERGENCY	0.087200	24,595,672	0	0	2,144,743	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281709	5,710,846	0	0	1,608,797	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)	192,593,449	105,956	72,224	32,837,487	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	192,593,449	105,956	72,224	32,837,487	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 6:14 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	448	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	26,812	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	40	20,108		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	27,300	20,108		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	27,300	20,108		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,307,534	0	9,307,534	40,403	230.37	30.00	
31.00	INTENSIVE CARE UNIT	932,505		932,505	2,678	348.21	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
35.00	NEONATAL INTENSIVE CARE UNIT	734,534		734,534	3,067	239.50	35.00	
43.00	NURSERY	314,923		314,923	2,853	110.38	43.00	
200.00	Total (lines 30 through 199)	11,289,496		11,289,496	49,001		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	247	56,901					30.00
31.00	INTENSIVE CARE UNIT	196	68,249					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
35.00	NEONATAL INTENSIVE CARE UNIT	30	7,185					35.00
43.00	NURSERY	1,347	148,682					43.00
200.00	Total (lines 30 through 199)	1,820	281,017					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,314,916	132,340,666	0.017492	549,872	9,618	50.00
51.00	05100 RECOVERY ROOM	317,643	16,617,534	0.019115	66,687	1,275	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,067,575	24,789,038	0.043066	376,804	16,227	52.00
53.00	05300 ANESTHESIOLOGY	149,997	8,192,044	0.018310	35,217	645	53.00
53.01	05301 ASC ANESTHESIOLOGY	7,012	3,813,254	0.001839	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,181,933	82,364,628	0.014350	338,049	4,851	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	132,993	13,776,096	0.009654	83,291	804	56.00
59.00	05900 CARDIAC CATHETERIZATION	608,508	49,156,783	0.012379	49,032	607	59.00
60.00	06000 LABORATORY	714,015	54,707,239	0.013052	431,483	5,632	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	50,252	3,802,270	0.013216	90,004	1,189	63.00
65.00	06500 RESPIRATORY THERAPY	101,125	13,841,704	0.007306	213,374	1,559	65.00
66.00	06600 PHYSICAL THERAPY	56,038	3,696,600	0.015159	26,307	399	66.00
67.00	06700 OCCUPATIONAL THERAPY	28,230	1,834,772	0.015386	16,962	261	67.00
68.00	06800 SPEECH PATHOLOGY	25,277	1,695,622	0.014907	26,780	399	68.00
69.00	06900 ELECTROCARDIOLOGY	185,401	27,249,647	0.006804	173,175	1,178	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,295	1,689,624	0.000766	32,364	25	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	380,206	36,058,975	0.010544	114,330	1,205	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	607,508	80,417,266	0.007554	171,419	1,295	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	441,629	170,561,358	0.002589	774,108	2,004	73.00
74.00	07400 RENAL DIALYSIS	114,471	3,217,410	0.035579	17,141	610	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	633,162	112,639,287	0.005621	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	46,073	119,900	0.384262	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	101,500	8,678,163	0.011696	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	229,478	20,900,252	0.010980	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	4,426	610,192	0.007253	0	0	90.04
91.00	09100 EMERGENCY	2,039,296	170,953,104	0.011929	500,215	5,967	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	933,677	19,999,314	0.046685	12,765	596	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00	Total (lines 50 through 199)	12,473,636	1,063,722,742		4,099,379	56,346	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description			Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	953,494	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	953,494	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	953,494	40,403	23.60	247	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,678	0.00	196	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,067	0.00	30	35.00	
43.00	04300	NURSERY		0	2,853	0.00	1,347	43.00	
200.00		Total (lines 30 through 199)		953,494	49,001		1,820	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	5,829						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	5,829						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	232,179	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	90.01
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	232,179	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XIX				Hospital		
		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)	PPS	
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	132,340,666	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,617,534	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,962	3,962	3,962	24,789,038	0.000160	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,192,044	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	3,813,254	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	82,364,628	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	13,776,096	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	49,156,783	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	54,707,239	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,802,270	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,841,704	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,696,600	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,834,772	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,695,622	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,249,647	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,689,624	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,058,975	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,417,266	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	232,179	232,179	170,561,358	0.001361	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,217,410	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	112,639,287	0.000000	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	119,900	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	0	0	8,678,163	0.000000	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	0	20,900,252	0.000000	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	0	610,192	0.000000	90.04
91.00	09100	EMERGENCY	316,951	316,951	316,951	170,953,104	0.001854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	19,999,314	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	320,913	553,092	553,092	1,063,722,742		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	549,872	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	66,687	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000160	376,804	60	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	35,217	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	338,049	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	83,291	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	49,032	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	431,483	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	90,004	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	213,374	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	26,307	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	16,962	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	26,780	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	173,175	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	32,364	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	114,330	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	171,419	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001361	774,108	1,054	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	17,141	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.001854	500,215	927	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	12,765	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		4,099,379	2,041	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 6:14 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.100105	0	0	0	0
51.00	05100 RECOVERY ROOM	0.106220	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.243771	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0.723131	0	0	0	0
53.01	05301 ASC ANESTHESIOLOGY	0.020897	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104048	0	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600 RADIOISOTOPE	0.053389	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.082171	0	0	0	0
60.00	06000 LABORATORY	0.203697	0	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.213106	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.221529	0	0	0	0
66.00	06600 PHYSICAL THERAPY	0.234027	0	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.275551	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.199365	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.099123	0	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.093841	0	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.359459	0	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.256403	0	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.278412	0	0	0	0
74.00	07400 RENAL DIALYSIS	0.376248	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01	07501 ASC (NON-DISTINCT PART)	0.077247	0	0	0	0
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
76.97	07697 CARDIAC REHABILITATION	6.830542	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0
90.01	04950 SLEEP CLINIC	0.129427	0	0	0	0
90.03	09002 ARNETT CANCER CARE CENTER	0.180167	0	0	0	0
90.04	09003 OUTPATIENT INFUSION CENTER	0.062326	0	0	0	0
91.00	09100 EMERGENCY	0.087200	0	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281709	0	0	0	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)		0	0	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00	Net Charges (line 200 - line 201)		0	0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 6:14 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2019 6:14 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,403	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,403	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)		36,350	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)		17,112	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		56,163,560	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)		56,163,560	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		56,163,560	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,390.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,787,049	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)		23,787,049	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,377,095	2,678	2,754.70	1,076	2,964,057	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,667,355	3,067	1,847.85	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,916,974	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,668,080	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)					4,720,608	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,855,155	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,575,763	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					48,092,317	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,053	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,390.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,633,994	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 6:14 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,307,534	56,163,560	0.165722	5,633,994	933,677	90.00
91.00	Nursing School cost	0	56,163,560	0.000000	5,633,994	0	91.00
92.00	Allied health cost	0	56,163,560	0.000000	5,633,994	0	92.00
93.00	All other Medical Education	953,494	56,163,560	0.016977	5,633,994	95,648	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 6:14 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,403	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,403	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)		36,350	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)		247	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)		2,853	15.00
16.00	Nursery days (title V or XIX only)		1,347	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		56,163,560	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)		56,163,560	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		56,163,560	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,390.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		343,350	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)		343,350	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,756,857	2,853	615.79	1,347	829,469	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,377,095	2,678	2,754.70	196	539,921	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	5,667,355	3,067	1,847.85	30	55,436	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					769,231	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,537,407	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)					286,846	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					58,387	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					345,233	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,192,174	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,053	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,390.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,633,994	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 6:14 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,307,534	56,163,560	0.165722	5,633,994	933,677	90.00
91.00	Nursing School cost	0	56,163,560	0.000000	5,633,994	0	91.00
92.00	Allied health cost	0	56,163,560	0.000000	5,633,994	0	92.00
93.00	All other Medical Education	953,494	56,163,560	0.016977	5,633,994	95,648	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 6:14 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		47,132,567	30.00
31.00	03100	INTENSIVE CARE UNIT		6,198,113	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100105	21,890,736	50.00
51.00	05100	RECOVERY ROOM	0.106220	2,129,943	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243771	221,201	52.00
53.00	05300	ANESTHESIOLOGY	0.756802	1,347,322	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020897	3,604	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104048	16,937,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.053389	943,305	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.082171	10,602,163	59.00
60.00	06000	LABORATORY	0.203697	11,401,837	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.213106	1,393,590	63.00
65.00	06500	RESPIRATORY THERAPY	0.221529	5,631,514	65.00
66.00	06600	PHYSICAL THERAPY	0.234027	1,882,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275551	919,408	67.00
68.00	06800	SPEECH PATHOLOGY	0.199365	893,458	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099123	8,344,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.093841	487,771	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.359459	6,449,377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256403	18,364,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.278412	22,345,095	73.00
74.00	07400	RENAL DIALYSIS	0.376248	1,416,016	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.077247	73,665	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	6.830542	41,892	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.129427	0	90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.180167	128,599	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.062326	7,856	90.04
91.00	09100	EMERGENCY	0.087200	19,790,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281709	1,092,510	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		154,740,606	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		154,740,606	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 6:14 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,445,533	30.00
31.00	03100	INTENSIVE CARE UNIT		294,321	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		342,563	35.00
43.00	04300	NURSERY		150,740	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100105	549,872	55,045 50.00
51.00	05100	RECOVERY ROOM	0.106220	66,687	7,083 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.243771	376,804	91,854 52.00
53.00	05300	ANESTHESIOLOGY	0.756802	35,217	26,652 53.00
53.01	05301	ASC ANESTHESIOLOGY	0.020897	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104048	338,049	35,173 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.053389	83,291	4,447 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.082171	49,032	4,029 59.00
60.00	06000	LABORATORY	0.203697	431,483	87,892 60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.213106	90,004	19,180 63.00
65.00	06500	RESPIRATORY THERAPY	0.221529	213,374	47,269 65.00
66.00	06600	PHYSICAL THERAPY	0.234027	26,307	6,157 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275551	16,962	4,674 67.00
68.00	06800	SPEECH PATHOLOGY	0.199365	26,780	5,339 68.00
69.00	06900	ELECTROCARDIOLOGY	0.099123	173,175	17,166 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.093841	32,364	3,037 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.359459	114,330	41,097 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256403	171,419	43,952 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.278412	774,108	215,521 73.00
74.00	07400	RENAL DIALYSIS	0.376248	17,141	6,449 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.077247	0	0 75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	6.830542	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	SLEEP CLINIC	0.129427	0	0 90.01
90.03	09002	ARNETT CANCER CARE CENTER	0.180167	0	0 90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.062326	0	0 90.04
91.00	09100	EMERGENCY	0.087200	500,215	43,619 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281709	12,765	3,596 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,099,379	769,231 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		4,099,379	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 6:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,044,516	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,215,914	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)		800,060	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		10,174,536	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		180.30	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		2.52	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		2.52	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.013977	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.014844	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.013977	21.00
22.00	IME payment adjustment (see instructions)		268,332	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		77,428	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		268,332	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		77,428	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.58	31.00
32.00	Sum of lines 30 and 31		23.60	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.69	33.00
34.00	Disproportionate share adjustment (see instructions)		766,033	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 6:14 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000184722	0.000357615	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,249,955	2,958,501	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	934,898	745,705	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,680,603		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	38,775,458		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		38,852,886	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,221,916	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		955	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).		403,843	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		72,364	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,551,964	59.00
60.00	Primary payer payments		35,417	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,516,547	61.00
62.00	Deductibles billed to program beneficiaries		3,788,536	62.00
63.00	Coinurance billed to program beneficiaries		112,560	63.00
64.00	Allowable bad debts (see instructions)		270,444	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		175,789	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		60,027	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,791,240	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)		-121,726	70.93
70.94	HRR adjustment amount (see instructions)		-16,091	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 6:14 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)		38,653,423	71.00
71.01	Sequestration adjustment (see instructions)		773,068	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		37,434,470	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)		445,885	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		454,833	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 6:14 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	27,044,516	0	27,044,516		27,044,516	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,215,914	0		8,215,914	8,215,914	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	800,060	0	605,331	194,729	800,060	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	10,174,536	0	7,609,993	2,564,543	10,174,536	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.013977	0.013977	0.013977	0.013977		5.00
6.00	IME payment adjustment (see instructions)	22.00	268,332	0	205,809	62,523	268,332	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	77,428	0	77,428	0	77,428	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	268,332	0	205,809	62,523	268,332	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	77,428	0	77,428	0	77,428	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0869	0.0869	0.0869	0.0869		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	766,033	0	587,542	178,491	766,033	11.00
11.01	Uncompensated care payments	36.00	1,680,603	0	843,295	315,057	1,158,352	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,775,458	0	29,808,744	8,966,714	38,775,458	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	38,852,886	0	29,886,172	8,966,714	38,852,886	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,221,916	0	2,477,338	744,578	3,221,916	16.00
17.00	Special add-on payments for new technologies	54.00	955	0	0	955	955	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	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 6:14 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	32,363,510	9,712,247	42,075,757	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	2,867,389	0	2,200,718	666,671	2,867,389	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	196,534	0	155,361	41,173	196,534	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	0.0061	0.0061	0.0061	0.0061		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	17,491	0	13,424	4,067	17,491	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0490	0.0490	0.0490	0.0490		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	140,502	0	107,835	32,667	140,502	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,221,916	0	2,477,338	744,578	3,221,916	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: 15-0173		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2019 6:14 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	27,044,516	27,044,516		27,044,516	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,215,914		8,215,914	8,215,914	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	800,060	605,331	194,729	800,060	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	10,174,536	7,494,880	0	7,494,880	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.013977	0.013977	0.013977		5.00
6.00	IME payment adjustment (see instructions)	22.00	268,332	205,809	62,523	268,332	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	77,428	77,428	0	77,428	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	268,332	205,809	62,523	268,332	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	77,428	77,428	0	77,428	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0869	0.0869	0.0869		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	766,033	587,542	178,491	766,033	11.00
11.01	Uncompensated care payments	36.00	1,680,603	934,898	745,705	1,680,603	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,775,458	29,378,096	9,397,362	38,775,458	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	38,852,886	29,455,524	9,397,362	38,852,886	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,221,916	2,477,338	744,578	3,221,916	16.00
17.00	Special add-on payments for new technologies	54.00	955	0	955	955	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			31,932,862	10,142,895	42,075,757	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/28/2019 6:14 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	2,867,389	2,200,718	666,671	2,867,389	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	196,534	155,361	41,173	196,534	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	0.0061	0.0061	0.0061		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	17,491	13,424	4,067	17,491	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0490	0.0490	0.0490		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	140,502	107,835	32,667	140,502	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,221,916	2,477,338	744,578	3,221,916	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	-121,726	-124,103	2,377	-121,726	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	-16,091	-5,409	-10,682	-16,091	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: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 6:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		47,408	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,701,081	2.00
3.00	OPPS payments		29,844,917	3.00
4.00	Outlier payment (see instructions)		163,124	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		136,406	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		47,408	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		178,180	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)		178,180	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		178,180	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		130,772	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)		47,408	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)		30,144,447	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		20,914	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,353,231	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)		24,817,710	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)		24,817,710	30.00
31.00	Primary payer payments		4,026	31.00
32.00	Subtotal (line 30 minus line 31)		24,813,684	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		855,615	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		556,150	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		606,443	36.00
37.00	Subtotal (see instructions)		25,369,834	37.00
38.00	MSP-LCC reconciliation amount from PS&R		59	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)		25,369,775	40.00
40.01	Sequestration adjustment (see instructions)		507,396	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		24,936,776	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-74,397	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,264	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0173

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 6:14 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		37,269,470		24,829,976	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	08/06/2018	165,000	08/06/2018	106,800	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		165,000		106,800	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)		37,434,470		24,936,776	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		445,885		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		74,397	6.02	
7.00	Total Medicare program liability (see instructions)		37,880,355		24,862,379	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 6:14 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 15-0173

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

Worksheet G

Date/Time Prepared:
5/28/2019 6:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	181,275,192	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,016,387	0	0	0	3.00
4.00	Accounts receivable	60,348,197	0	0	0	4.00
5.00	Other receivable	-13,190,525	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,150,335	0	0	0	7.00
8.00	Prepaid expenses	2,955,617	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	237,555,203	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,661,768	0	0	0	12.00
13.00	Land improvements	391,496	0	0	0	13.00
14.00	Accumulated depreciation	-55,886	0	0	0	14.00
15.00	Buildings	210,721,735	0	0	0	15.00
16.00	Accumulated depreciation	-47,520,005	0	0	0	16.00
17.00	Leasehold improvements	52,897	0	0	0	17.00
18.00	Accumulated depreciation	-52,897	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	162,210	0	0	0	21.00
22.00	Accumulated depreciation	-123,690	0	0	0	22.00
23.00	Major movable equipment	87,052,756	0	0	0	23.00
24.00	Accumulated depreciation	-67,598,691	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)	186,691,693	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,831,846	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	18,176,630	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,008,476	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	445,255,372	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	26,703,877	0	0	0	37.00
38.00	Salaries, wages, and fees payable	25,128,024	0	0	0	38.00
39.00	Payroll taxes payable	859	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,067,165	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	2,085,318	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,985,243	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	193,758,426	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,619,703	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	195,378,129	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	254,363,372	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	190,892,000				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)	190,892,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	445,255,372	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 6:14 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		164,112,994		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,041,684			2.00
3.00	Total (sum of line 1 and line 2)		191,154,678		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)		191,154,678		0	11.00
12.00	INTERCO TRANSACTIONS	262,677		0		12.00
13.00	ROUNDING	1		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)		262,678		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		190,892,000		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	INTERCO TRANSACTIONS		0			12.00
13.00	ROUNDING		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: 15-0173

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 6:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	101,079,242		101,079,242	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	101,079,242		101,079,242	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,154,164		15,154,164	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	12,260,219		12,260,219	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	27,414,383		27,414,383	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	128,493,625		128,493,625	17.00
18.00	Ancillary services	366,897,965	655,315,019	1,022,212,984	18.00
19.00	Outpatient services	2,018,750	39,491,008	41,509,758	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	OTHER - PHYSICIAN, RETAIL PHARMACY	2,782	316,596,936	316,599,718	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	497,413,122	1,011,402,963	1,508,816,085	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		432,831,050		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)		432,831,050		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0173

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 6:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,508,816,085	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,059,703,474	2.00
3.00	Net patient revenues (line 1 minus line 2)	449,112,611	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	432,831,050	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,281,561	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	10,760,123	24.00
25.00	Total other income (sum of lines 6-24)	10,760,123	25.00
26.00	Total (line 5 plus line 25)	27,041,684	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)	27,041,684	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet I-5 Date/Time Prepared: 5/28/2019 6:14 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0173	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 6:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,867,389	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		196,534	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)		116.72	3.00
4.00	Number of interns & residents (see instructions)		2.52	4.00
5.00	Indirect medical education percentage (see instructions)		0.61	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)		17,491	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.58	8.00
9.00	Sum of lines 7 and 8		23.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.90	10.00
11.00	Disproportionate share adjustment (see instructions)		140,502	11.00
12.00	Total prospective capital payments (see instructions)		3,221,916	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00