

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: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/28/2019 11:04 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/28/2019 Time: 11:04 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PARKVIEW HOSPITAL (15-0021) 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) JEANNE WICKENS
 Officer or Administrator of Provider(s)

SVP/CF0
 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	-1,063,310	214,570	0	0	1.00
2.00 Subprovider - IPF	0	66,260	0		0	2.00
3.00 Subprovider - IRF	0	-88,724	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	12,437	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-1,073,337	214,570	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: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 11:04 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 11109 PARKVIEW PLAZA DRIVE	PO Box:	Zip Code: 46845		County: ALLEN				1.00
2.00	City: FORT WAYNE	State: IN							2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF	PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	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	PARKVIEW CONTINUING CARE CENTER	155516	23060		04/06/1994	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
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	
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Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 11:04 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	4,578	12,635	0	1,194	21,323	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	360	639	0	60	369		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
		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 FTE Count	IME	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	5.00	
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
		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

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				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	3.50	5.83	0.375134	65.00	
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	3.50	5.83	0.375134	67.00	

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 11:04 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,250,222	554,903	214,755		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.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			15H032		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 11:04 am
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 11:04 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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	03/27/2018			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.	Y					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.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2019	Y	04/30/2019		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: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 11:04 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		NICKESON	41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(260) 373-8406		ERIC.NICKESON@PARKVIEW.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 11:04 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	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	404	147,460	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)		404	147,460	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	124	45,260	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	7	2,555	0.00	0	8.01
8.02 NEONATAL ICU	31.02	31	11,315	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		566	206,590	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	74	27,010		0	16.00
17.00 SUBPROVIDER - IRF	41.00	31	11,315		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	41	14,965		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		712				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	34,757	4,159	106,794			1.00
2.00 HMO and other (see instructions)	35,141	34,516				2.00
3.00 HMO IPF Subprovider	2,476	7,026				3.00
4.00 HMO IRF Subprovider	1,861	1,068				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)	34,757	4,159	106,794			7.00
8.00 INTENSIVE CARE UNIT	6,166	0	35,733			8.00
8.01 PEDIATRIC ICU	0	0	1,120			8.01
8.02 NEONATAL ICU	0	0	8,378			8.02
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		362	5,977			13.00
14.00 Total (see instructions)	40,923	4,521	158,002	9.33	4,641.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,155	771	19,381	0.00	96.60	16.00
17.00 SUBPROVIDER - IRF	3,645	360	9,425	0.00	39.40	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	4,019	0	12,538	0.00	55.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	56,972	0.00	131.50	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	69.40	24.00
24.10 HOSPICE (non-distinct part)			3,054			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				9.33	5,033.30	27.00
28.00 Observation Bed Days		550	16,296			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			3,642			30.00
31.00 Employee discount days - IRF			145			31.00
32.00 Labor & delivery days (see instructions)	0	693	1,316			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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 11:04 am

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	8,171	767	33,427	1.00
2.00 HMO and other (see instructions)				6,450	7,998		2.00
3.00 HMO IPF Subprovider					1,589		3.00
4.00 HMO IRF Subprovider					81		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
8.01 PEDIATRIC ICU							8.01
8.02 NEONATAL ICU							8.02
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	8,171	767		33,427	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	530	130		3,790	16.00
17.00 SUBPROVIDER - IRF	0.00	0	289	16		674	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 11:04 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	399,833,810	-72,664,794	327,169,016	10,469,154.00	31.25
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,266,289	0	1,266,289	5,673.00	223.21
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	2,304	268	2,572	46.00	55.91
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		140,340,000	-72,664,794	67,675,206	2,094,650.00	32.31
9.00	SNF	44.00	2,639,699	348,658	2,988,357	114,370.00	26.13
10.00	Excluded area salaries (see instructions)		27,915,861	4,001,154	31,917,015	955,542.00	33.40
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		450,832	0	450,832	9,733.00	46.32
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		67,675,206	0	67,675,206	2,094,650.00	32.31
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		92,862,394	0	92,862,394		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		10,758,035	0	10,758,035		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		196,464	0	196,464		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		38,836,251	0	38,836,251		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	37,697,938	-36,850,498	847,440	27,949.00	30.32
27.00	Administrative & General	5.00	148,813,855	-62,219,797	86,594,058	2,349,820.00	36.85

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 11:04 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,528,863	410,258	3,939,121	163,120.00	24.15
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	5,874,837	686,358	6,561,195	450,818.00	14.55
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	6,173,512	718,710	6,892,222	440,364.00	15.65
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,574,545	299,273	2,873,818	56,567.00	50.80
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	12,236,984	-153,573	12,083,411	292,536.00	41.31
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00
42.00	Social Service	17.00	3,854,374	448,169	4,302,543	124,504.00	34.56
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 11:04 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	259,491,506	-268	259,491,238	8,374,458.00	30.99	1.00
2.00	Excluded area salaries (see instructions)	30,555,560	4,349,812	34,905,372	1,069,912.00	32.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	228,935,946	-4,350,080	224,585,866	7,304,546.00	30.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	68,126,038	0	68,126,038	2,104,383.00	32.37	4.00
5.00	Subtotal wage-related costs (see inst.)	131,895,109	0	131,895,109	0.00	58.73	5.00
6.00	Total (sum of lines 3 thru 5)	428,957,093	-4,350,080	424,607,013	9,408,929.00	45.13	6.00
7.00	Total overhead cost (see instructions)	220,754,908	-96,661,100	124,093,808	3,905,678.00	31.77	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0021

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/28/2019 11:04 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	4,773,014	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	23,424,085	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	42,850	6.00
7.00	Employee Managed Care Program Administration Fees	671,492	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	52,425,050	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	534,789	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)	1,211,890	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	292,209	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	18,546,222	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	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	1,192,086	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	707,648	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	103,821,335	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: 15-0021

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	103,821,335	1.00
2.00	Hospital	0	103,821,335	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0021 Component CCN: 15-7423		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/28/2019 11:04 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,413	0	1,382	4,795 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	2,950.00	0.00	1,195.00	4,145.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			0.80	0.00	0.80 4.00	
5.00	Other Administrative Personnel			37.92	0.00	37.92 5.00	
6.00	Direct Nursing Service			59.72	0.00	59.72 6.00	
7.00	Nursing Supervisor			7.57	0.00	7.57 7.00	
8.00	Physical Therapy Service			13.02	0.94	13.96 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			7.46	0.00	7.46 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			1.90	0.00	1.90 12.00	
13.00	Speech Pathology Supervisor			1.00	0.00	1.00 13.00	
14.00	Medical Social Service			2.86	0.00	2.86 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			12.01	0.00	12.01 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	QUALITY AND MISC STAFF			65.84	0.00	65.84 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23060		20.00	
20.01				99915		20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,894	255	377	214	9,740 21.00	
22.00	Skilled Nursing Visit Charges	1,866,627	52,132	86,411	45,213	2,050,383 22.00	
23.00	Physical Therapy Visits	2,887	51	32	64	3,034 23.00	
24.00	Physical Therapy Visit Charges	646,800	11,470	7,195	14,390	679,855 24.00	
25.00	Occupational Therapy Visits	1,150	32	16	40	1,238 25.00	
26.00	Occupational Therapy Visit Charges	257,708	7,185	3,590	8,980	277,463 26.00	
27.00	Speech Pathology Visits	333	9	5	0	347 27.00	
28.00	Speech Pathology Visit Charges	74,675	2,025	1,125	0	77,825 28.00	
29.00	Medical Social Service Visits	214	32	3	8	257 29.00	
30.00	Medical Social Service Visit Charges	51,220	7,645	715	1,915	61,495 30.00	
31.00	Home Health Aide Visits	1,550	107	6	43	1,706 31.00	
32.00	Home Health Aide Visit Charges	173,202	11,966	672	4,816	190,656 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	15,028	486	439	369	16,322 33.00	
34.00	Other Charges	59,620	1,726	2,271	2,457	66,074 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,129,852	94,149	101,979	77,771	3,403,751 35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,067		163		1,261 36.00	
37.00	Total Number of Outlier Episodes			15		17 37.00	
38.00	Total Non-Routine Medical Supply Charges	2,463,446	38,802	65,688	29,820	2,597,756 38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-7

Date/Time Prepared:
5/28/2019 11:04 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	363	0	363	12.00
13.00		RUB	298	0	298	13.00
14.00		RUA	323	0	323	14.00
15.00		RVC	557	0	557	15.00
16.00		RVB	664	0	664	16.00
17.00		RVA	972	0	972	17.00
18.00		RHC	68	0	68	18.00
19.00		RHB	85	0	85	19.00
20.00		RHA	76	0	76	20.00
21.00		RMC	7	0	7	21.00
22.00		RMB	35	0	35	22.00
23.00		RMA	33	0	33	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	6	0	6	31.00
32.00		HD1	36	0	36	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	65	0	65	34.00
35.00		HB2	2	0	2	35.00
36.00		HB1	36	0	36	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	34	0	34	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	4	0	4	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	7	0	7	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	6	0	6	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	70	0	70	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	39	0	39	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	224	0	224	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0021

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

Worksheet S-7

Date/Time Prepared:
5/28/2019 11:04 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	2	0	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	7	0	7	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,019	0	4,019	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	23060	23060	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	2,147,871	29.54	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	BENEFITS/CAPITAL/DATA PROCESSING	1,351,483	18.58	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	7,272,040			207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0021
Hospice CCN: 15-1552

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/28/2019 11:04 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	33,592	1,936	3,403	38,931	11.00
12.00	Hospice Inpatient Respite Care	69	4	7	80	12.00
13.00	Hospice General Inpatient Care	3,429	198	347	3,974	13.00
14.00	Total Hospice Days	37,090	2,138	3,757	42,985	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 11:04 am
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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)		0.198353	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		30,340,155	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		308,027,043	6.00	
7.00	Medicaid cost (line 1 times line 6)		61,098,088	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)		30,757,933	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		1,089,752	9.00	
10.00	Stand-alone CHIP charges		3,026,490	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		600,313	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)		56,970,137	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		290,229,981	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		57,567,987	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)		597,850	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)		31,355,783	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)	64,083,993	6,663,775	70,747,768	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,711,252	6,663,775	19,375,027	21.00
22.00	Payments received from patients for amounts previously written off as charity care	58,256	63,308	121,564	22.00
23.00	Cost of charity care (line 21 minus line 22)	12,652,996	6,600,467	19,253,463	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)		67,436,241	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,207,444	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,857,606	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		65,578,635	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		13,657,881	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		32,911,344	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		64,267,127	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/28/2019 11:04 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		49,623,312	49,623,312	-25,974,300	23,649,012	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	26,646,882	26,646,882	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,697,938	80,624,703	118,322,641	-32,394,170	85,928,471	4.00
5.01	00540	COMMUNICATIONS	0	0	0	1,298,857	1,298,857	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	0	0	0	5.03
5.04	00570	PATIENT SERVICES	2,306,922	559,904	2,866,826	380,357	3,247,183	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	146,506,933	216,938,096	363,445,029	8,306,834	371,751,863	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	821,729	7,503,804	8,325,533	128,870	8,454,403	7.00
7.01	00701	FACILITY ENGINEERING	2,707,134	2,690,224	5,397,358	310,320	5,707,678	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,328,636	3,328,636	0	3,328,636	8.00
9.00	00900	HOUSEKEEPING	5,874,837	2,081,229	7,956,066	653,525	8,609,591	9.00
10.00	01000	DIETARY	6,173,512	7,457,425	13,630,937	-6,609,900	7,021,037	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	7,321,772	7,321,772	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,574,545	694,436	3,268,981	298,059	3,567,040	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	11,205,748	64,977,122	76,182,870	-62,514,471	13,668,399	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	1,031,236	807,464	1,838,700	379,575	2,218,275	15.02
15.03	01503	MED SURG SUPPLY	0	-1,772,078	-1,772,078	70,642,010	68,869,932	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,145,655	1,606,644	4,752,299	364,798	5,117,097	17.00
17.01	01701	REHAB ADMIN	708,719	473,342	1,182,061	82,428	1,264,489	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,304	3,394,065	3,396,369	268	3,396,637	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	71,469	71,469	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	876,477	876,477	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,067,202	13,785,973	55,853,175	2,420,833	58,274,008	30.00
31.00	03100	INTENSIVE CARE UNIT	16,994,155	4,033,737	21,027,892	956,501	21,984,393	31.00
31.01	03101	PEDIATRIC ICU	927,947	182,201	1,110,148	105,378	1,215,526	31.01
31.02	03102	NEONATAL ICU	3,153,608	1,352,209	4,505,817	323,627	4,829,244	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	6,119,454	1,862,204	7,981,658	71,428	8,053,086	40.00
41.00	04100	SUBPROVIDER - I RF	2,182,035	1,603,585	3,785,620	368,331	4,153,951	41.00
43.00	04300	NURSERY	0	0	0	3,792,988	3,792,988	43.00
44.00	04400	SKILLED NURSING FACILITY	2,639,699	551,673	3,191,372	307,982	3,499,354	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,730,783	43,176,571	53,907,354	-34,769,404	19,137,950	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	1,507,437	5,036,075	6,543,512	-2,740,517	3,802,995	50.01
51.00	05100	RECOVERY ROOM	2,617,180	594,251	3,211,431	4,524,924	7,736,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	704,706	116,323	821,029	-739,183	81,846	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,215,043	10,273,749	20,488,792	-3,822,231	16,666,561	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	202,007	52,663	254,670	23,451	278,121	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	71,951	48,828	120,779	8,098	128,877	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,807,935	1,822,713	6,630,648	504,182	7,134,830	55.00
56.00	05600	RADIOISOTOPE	351,191	141,300	492,491	-38,913	453,578	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	779,369	336,956	1,116,325	72,585	1,188,910	58.00
60.00	06000	LABORATORY	15,469,122	23,164,302	38,633,424	512,355	39,145,779	60.00
60.01	06001	ANATOMICAL PATHOLOGY	615,462	1,666,100	2,281,562	914,700	3,196,262	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,604	2,774,155	2,775,759	459,527	3,235,286	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
65.00	06500	RESPIRATORY THERAPY	5,786,617	1,319,398	7,106,015	-1,793,500	5,312,515	65.00
65.02	06502	DIALYSIS	46,811	2,513,476	2,560,287	-3,823	2,556,464	65.02
65.03	03330	ENDOSCOPY	2,885,101	6,939,715	9,824,816	-3,652,264	6,172,552	65.03
66.00	06600	PHYSICAL THERAPY	7,306,520	868,475	8,174,995	-3,549,377	4,625,618	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	405,227	-23,566	381,661	3,315,244	3,696,905	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,077,356	1,077,356	68.00
68.01	06801	NEURO REHAB	1,811,549	338,617	2,150,166	193,322	2,343,488	68.01
69.00	06900	ELECTROCARDIOLOGY	309,845	258,298	568,143	1,072,404	1,640,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	207,040	73,048	280,088	442,572	722,660	70.00
70.01	03950	NUTRITION SUPPORT	770,498	156,075	926,573	85,329	1,011,902	70.01
70.03	03952	CARDIAC CATH LAB	3,647,839	22,734,887	26,382,726	-19,957,232	6,425,494	70.03
70.04	03953	CARDIAC REHA SERVICES	241,417	39,472	280,889	27,794	308,683	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
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	61,258,587	61,258,587	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	663,901	1,388,906	2,052,807	-202,462	1,850,345	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,326,590	459,618	1,786,208	-144,664	1,641,544	90.00
90.01	09001	ANTI COAG CLINIC	706,169	300,493	1,006,662	85,564	1,092,226	90.01
90.02	09002	INFECTIOUS DISEASES	10,204	1,784	11,988	1,187	13,175	90.02
90.03	09003	RHEUMATOLOGY	0	49	49	0	49	90.03
91.00	09100	EMERGENCY	10,856,561	5,739,463	16,596,024	861,674	17,457,698	91.00
91.01	09101	PARTIAL HOSPITALIZATION	322,447	54,798	377,245	38,501	415,746	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,477,572	4,930,642	6,408,214	164,257	6,572,471	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	11,746,293	14,388,325	26,134,618	-12,911,426	13,223,192	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	10,035,154	10,035,154	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,443,303	616,045,869	1,009,489,172	-29,701	1,009,459,471	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,182	64,644	70,826	-1,389	69,437	190.00
194.00	07950	NON ALLOWABLE	0	841,619	841,619	0	841,619	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	545	1,206	1,751	-661	1,090	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	104,626	768,956	873,582	-22,460	851,122	194.05
194.06	07956	STUCKY RESEARCH CTR	3,737,479	1,300,584	5,038,063	58,071	5,096,134	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	-476	28,036	27,560	838	28,398	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	69,251	1,677,320	1,746,571	8,040	1,754,611	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	120,657	265,544	386,201	13,987	400,188	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,111,725	1,700,264	2,811,989	-381,372	2,430,617	194.15
194.16	07966	FITNESS	0	0	0	210,058	210,058	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	-403	-403	-844	-1,247	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	463	463	0	463	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	247,185	659,061	906,246	27,719	933,965	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	2,768,229	2,768,229	0	2,768,229	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	4,620	26,348	30,968	871	31,839	194.28
194.29	07978	OUTPATIENT PHARMACY	988,713	20,317,297	21,306,010	116,843	21,422,853	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	399,833,810	646,465,037	1,046,298,847	0	1,046,298,847	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	177,903	23,826,915	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	54,615	26,701,497	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-58,494,604	27,433,867	4.00
5.01	00540	COMMUNICATIONS	-243,592	1,055,265	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	0	3,247,183	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-166,410,161	205,341,702	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-12,668	8,441,735	7.00
7.01	00701	FACILITY ENGINEERING	-849,201	4,858,477	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,064,829	4,393,465	8.00
9.00	00900	HOUSEKEEPING	0	8,609,591	9.00
10.00	01000	DIETARY	-5,836,070	1,184,967	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	7,321,772	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,567,040	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-836,876	12,831,523	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	15.01
15.02	01502	IV SOLUTIONS	-2	2,218,273	15.02
15.03	01503	MED SURG SUPPLY	10,924	68,880,856	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-7,315	5,109,782	17.00
17.01	01701	REHAB ADMIN	-380	1,264,109	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,396,637	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	71,469	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	876,477	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-282,536	57,991,472	30.00
31.00	03100	INTENSIVE CARE UNIT	-50	21,984,343	31.00
31.01	03101	PEDIATRIC ICU	0	1,215,526	31.01
31.02	03102	NEONATAL ICU	-89	4,829,155	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	-83,582	7,969,504	40.00
41.00	04100	SUBPROVIDER - I RF	0	4,153,951	41.00
43.00	04300	NURSERY	0	3,792,988	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,499,354	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,427	19,136,523	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	-690,309	3,112,686	50.01
51.00	05100	RECOVERY ROOM	-27	7,736,328	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	81,846	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-362,250	16,304,311	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-37,110	241,011	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-2,270	126,607	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-269,609	6,865,221	55.00
56.00	05600	RADIOISOTOPE	0	453,578	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,188,910	58.00
60.00	06000	LABORATORY	-15,753,618	23,392,161	60.00
60.01	06001	ANATOMICAL PATHOLOGY	-11,448	3,184,814	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-75	3,235,211	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-15,687	5,296,828	65.00
65.02	06502	DIALYSIS	0	2,556,464	65.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.03	03330	ENDOSCOPY	-459,780	5,712,772	65.03
66.00	06600	PHYSICAL THERAPY	-203,184	4,422,434	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	54,040	3,750,945	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,077,356	68.00
68.01	06801	NEURO REHAB	-192,621	2,150,867	68.01
69.00	06900	ELECTROCARDIOLOGY	-6	1,640,541	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-265	722,395	70.00
70.01	03950	NUTRITION SUPPORT	0	1,011,902	70.01
70.03	03952	CARDIAC CATH LAB	-13,967	6,411,527	70.03
70.04	03953	CARDIAC REHA SERVICES	0	308,683	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-31,862	-31,862	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,258,587	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-2,558	1,847,787	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-702,407	939,137	90.00
90.01	09001	ANTI COAG CLINIC	0	1,092,226	90.01
90.02	09002	INFECTIOUS DISEASES	0	13,175	90.02
90.03	09003	RHEUMATOLOGY	0	49	90.03
91.00	09100	EMERGENCY	-1,607,097	15,850,601	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	415,746	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-212,364	6,360,107	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-446,777	12,776,415	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	10,035,154	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-252,711,533	756,747,938	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,437	190.00
194.00	07950	NON ALLOWABLE	0	841,619	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	1,090	194.03
194.04	07954	PARK CENTER CLINIC	0	0	194.04
194.05	07955	EDUCARE CTR	0	851,122	194.05
194.06	07956	STUCKY RESEARCH CTR	-148,648	4,947,486	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	194.07
194.08	07958	FOUNDATION	0	28,398	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	1,754,611	194.12
194.13	07963	HUNTINGTON ARC	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	400,188	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-68,678	2,361,939	194.15
194.16	07966	FITNESS	0	210,058	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-10,110	-11,357	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	463	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-801,319	132,646	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	2,768,229	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	31,839	194.28
194.29	07978	OUTPATIENT PHARMACY	-1,847,898	19,574,955	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	-255,588,186	790,710,661	200.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
5/28/2019 11:04 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - DIETARY PERSONNEL					
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	3,316,063	4,005,709	1.00
	O		3,316,063	4,005,709	
B - PHARMACY SALARIES AND SOLUTIONS					
1.00	IV SOLUTIONS	15.02	164,230	0	1.00
	O		164,230	0	
C - OTHER A&G					
1.00	PATIENT SERVICES	5.04	114,366	0	1.00
	O		114,366	0	
D - BLOOD BANK					
1.00	ANATOMICAL PATHOLOGY	60.01	220,370	509,950	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	964	457,121	2.00
	O		221,334	967,071	
F - BLOOD BANK LAB ADMIN					
1.00	ANATOMICAL PATHOLOGY	60.01	105,915	16,824	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	118	1,137	2.00
	O		106,033	17,961	
I - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	26,460,740	1.00
2.00	LABORATORY	60.00	0	1,511	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	O		0	26,462,251	
J - MED SURG/IV SUPPLIES					
1.00	IV SOLUTIONS	15.02	0	1,431,676	1.00
2.00	MED SURG SUPPLY	15.03	0	70,642,010	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
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
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	O		0	72,073,686	
K - OPERATION OF PLANT					
1.00	OPERATION OF PLANT	7.00	0	34,555	1.00
	O		0	34,555	
L - IV SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	561,850	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	22,178	0	2.00
3.00	PEDIATRIC ICU	31.01	22,178	0	3.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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	
4.00	NEONATAL ICU	31.02	14,786	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	36,964	0	5.00
6.00	SUBPROVIDER - IRF	41.00	7,393	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	14,786	0	7.00
8.00	EMERGENCY	91.00	59,142	0	8.00
			739,277	0	
M - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	61,258,587	1.00
			0	61,258,587	
N - PBH ADMIN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	380,169	281,421	1.00
			380,169	281,421	
O - FITNESS CENTER					
1.00	FITNESS	194.16	193,756	16,302	1.00
			193,756	16,302	
S - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	483,732	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	186,142	2.00
			0	669,874	
T - HOSPICE RECLASS					
1.00	HOSPICE	116.00	4,417,452	4,129,931	1.00
			4,417,452	4,129,931	
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE					
1.00	HOSPICE	116.00	600,072	887,699	1.00
			600,072	887,699	
W - RECLASS PTO DOLLARS					
1.00	PATIENT SERVICES	5.04	2,530	0	1.00
2.00	OTHER A&G	5.07	15,509	0	2.00
3.00	OPERATION OF PLANT	7.00	4,727	0	3.00
4.00	FACILITY ENGINEERING	7.01	12,862	0	4.00
5.00	HOUSEKEEPING	9.00	23,163	0	5.00
6.00	DIETARY	10.00	20,274	0	6.00
7.00	NURSING ADMINISTRATION	13.00	9,160	0	7.00
8.00	PHARMACY	15.00	19,452	0	8.00
9.00	IV SOLUTIONS	15.02	1,867	0	9.00
10.00	SOCIAL SERVICE	17.00	6,728	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	145,227	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	5	0	12.00
13.00	SUBPROVIDER - IPF	40.00	16,725	0	13.00
14.00	SUBPROVIDER - IRF	41.00	41,386	0	14.00
15.00	SKILLED NURSING FACILITY	44.00	34,949	0	15.00
16.00	OPERATING ROOM	50.00	34,298	0	16.00
17.00	RECOVERY ROOM	51.00	1	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	32,474	0	18.00
19.00	RADIOLOGY - NHMP	54.05	2,455	0	19.00
20.00	RADIOISOTOPE	56.00	874	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,889	0	21.00
22.00	RESPIRATORY THERAPY	65.00	20,592	0	22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	5,009	0	23.00
24.00	DIALYSIS	65.02	2	0	24.00
25.00	ENDOSCOPY	65.03	4,235	0	25.00
26.00	PHYSICAL THERAPY	66.00	45,962	0	26.00
27.00	NEURO REHAB	68.01	13,289	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	1,065	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	31	0	29.00
30.00	NUTRITION SUPPORT	70.01	2,308	0	30.00
31.00	CARDIAC CATH LAB	70.03	326	0	31.00
32.00	CARDIAC REHA SERVICES	70.04	1,092	0	32.00
33.00	CLINIC	90.00	3,056	0	33.00
34.00	ANTI COAG CLINIC	90.01	4,334	0	34.00
35.00	INFECTIOUS DISEASES	90.02	57	0	35.00
36.00	EMERGENCY	91.00	57,687	0	36.00
37.00	PARTIAL HOSPITALIZATION	91.01	122	0	37.00
38.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	75	0	38.00
39.00	OP CLINIC	194.03	7	0	39.00
40.00	GUEST SERVICES	194.12	842	0	40.00
41.00	SENIOR HEALTH SERVICES	194.14	1,466	0	41.00
42.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	182	0	42.00
43.00	OUTPATIENT PHARMACY	194.29	2,718	0	43.00
			592,012	0	

RECLASSIFICATIONS

Provider CCN: 15-0021

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		
Y - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,479,398	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
		0	0	4,479,398	
Z - PTO ACCRUAL RECLASS PVHOS					
1.00	PATIENT SERVICES	5.04	239,781	0	1.00
2.00	OTHER A&G	5.07	642,010	0	2.00
3.00	OPERATION OF PLANT	7.00	85,410	0	3.00
4.00	FACILITY ENGINEERING	7.01	276,807	0	4.00
5.00	HOUSEKEEPING	9.00	589,550	0	5.00
6.00	DIETARY	10.00	619,602	0	6.00
7.00	NURSING ADMINISTRATION	13.00	267,597	0	7.00
8.00	PHARMACY	15.00	1,167,625	0	8.00
9.00	IV SOLUTIONS	15.02	107,186	0	9.00
10.00	SOCIAL SERVICE	17.00	326,958	0	10.00
11.00	REHAB ADMIN	17.01	73,664	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	240	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	4,746,308	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	1,914,681	0	14.00
15.00	PEDIATRIC ICU	31.01	96,450	0	15.00
16.00	NEONATAL ICU	31.02	407,495	0	16.00
17.00	SUBPROVIDER - IPF	40.00	143,052	0	17.00
18.00	SUBPROVIDER - IRF	41.00	353,978	0	18.00
19.00	SKILLED NURSING FACILITY	44.00	298,923	0	19.00
20.00	OPERATING ROOM	50.00	1,251,628	0	20.00
21.00	PARKVIEW PREMIER SURGERY	50.01	156,682	0	21.00
22.00	RECOVERY ROOM	51.00	286,351	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	73,247	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	1,075,660	0	24.00
25.00	RADIOLOGY - NHMP	54.05	20,996	0	25.00
26.00	RADIOLOGY - PULM CLINIC	54.08	7,479	0	26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	499,735	0	27.00
28.00	RADIOISOTOPE	56.00	36,503	0	28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	81,007	0	29.00
30.00	LABORATORY	60.00	1,709,608	0	30.00
31.00	ANATOMICAL PATHOLOGY	60.01	63,971	0	31.00
32.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	167	0	32.00
33.00	RESPIRATORY THERAPY	65.00	609,518	0	33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	69,006	0	34.00
35.00	DIALYSIS	65.02	4,866	0	35.00
36.00	ENDOSCOPY	65.03	319,340	0	36.00
37.00	PHYSICAL THERAPY	66.00	759,640	0	37.00
38.00	NEURO REHAB	68.01	188,292	0	38.00
39.00	ELECTROCARDIOLOGY	69.00	32,205	0	39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	21,520	0	40.00
41.00	NUTRITION SUPPORT	70.01	80,085	0	41.00
42.00	CARDIAC CATH LAB	70.03	379,155	0	42.00
43.00	CARDIAC REHA SERVICES	70.04	25,093	0	43.00
44.00	CLINIC	90.00	111,806	0	44.00
45.00	ANTI COAG CLINIC	90.01	76,534	0	45.00
46.00	INFECTIOUS DISEASES	90.02	1,061	0	46.00
47.00	EMERGENCY	91.00	1,334,045	0	47.00
48.00	PARTIAL HOSPITALIZATION	91.01	1,042	0	48.00
49.00	AMBULANCE SERVICES	95.00	153,578	0	49.00
50.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	643	0	50.00
51.00	OP CLINIC	194.03	57	0	51.00
52.00	EDUCARE CTR	194.05	10,875	0	52.00
53.00	STUCKY RESEARCH CTR	194.06	52,481	0	53.00
54.00	FOUNDATION	194.08	844	0	54.00
55.00	GUEST SERVICES	194.12	7,198	0	55.00
56.00	SENIOR HEALTH SERVICES	194.14	12,541	0	56.00
57.00	MEDICAL OFFICE BUILDINGS	194.23	25,692	0	57.00
58.00	RWJ FOUNDATION	194.28	2,187	0	58.00
59.00	OUTPATIENT PHARMACY	194.29	102,764	0	59.00
		0	22,002,419	0	

RECLASSIFICATIONS

Provider CCN: 15-0021

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AA - PTO RECLASS PVN					
1.00	PATIENT SERVICES	5.04	25,954	0	1.00
2.00	OTHER A&G	5.07	60,603	0	2.00
3.00	OPERATION OF PLANT	7.00	5,351	0	3.00
4.00	FACILITY ENGINEERING	7.01	19,845	0	4.00
5.00	HOUSEKEEPING	9.00	46,573	0	5.00
6.00	DIETARY	10.00	53,088	0	6.00
7.00	NURSING ADMINISTRATION	13.00	22,516	0	7.00
8.00	PHARMACY	15.00	119,127	0	8.00
9.00	IV SOLUTIONS	15.02	10,853	0	9.00
10.00	SOCIAL SERVICE	17.00	32,055	0	10.00
11.00	REHAB ADMIN	17.01	8,764	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	28	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	416,920	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	227,801	0	14.00
15.00	PEDIATRIC ICU	31.01	11,476	0	15.00
16.00	NEONATAL ICU	31.02	48,483	0	16.00
17.00	OPERATING ROOM	50.00	114,014	0	17.00
18.00	PARKVIEW PREMIER SURGERY	50.01	18,642	0	18.00
19.00	RECOVERY ROOM	51.00	34,068	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	8,715	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	94,934	0	21.00
22.00	RADIOLOGY - PULM CLINIC	54.08	890	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	59,458	0	23.00
24.00	RADIOISOTOPE	56.00	3,454	0	24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,698	0	25.00
26.00	LABORATORY	60.00	203,406	0	26.00
27.00	ANATOMICAL PATHOLOGY	60.01	7,611	0	27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	20	0	28.00
29.00	RESPIRATORY THERAPY	65.00	51,564	0	29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	3,113	0	30.00
31.00	DIALYSIS	65.02	577	0	31.00
32.00	ENDOSCOPY	65.03	33,685	0	32.00
33.00	PHYSICAL THERAPY	66.00	43,608	0	33.00
34.00	NEURO REHAB	68.01	8,880	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	2,747	0	35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	2,528	0	36.00
37.00	NUTRITION SUPPORT	70.01	7,180	0	37.00
38.00	CARDIAC CATH LAB	70.03	44,780	0	38.00
39.00	CARDIAC REHA SERVICES	70.04	1,874	0	39.00
40.00	CLINIC	90.00	13,296	0	40.00
41.00	ANTI COAG CLINIC	90.01	4,696	0	41.00
42.00	INFECTIOUS DISEASES	90.02	69	0	42.00
43.00	EMERGENCY	91.00	100,018	0	43.00
44.00	AMBULANCE SERVICES	95.00	18,272	0	44.00
45.00	EDUCARE CTR	194.05	1,294	0	45.00
46.00	STUCKY RESEARCH CTR	194.06	50,946	0	46.00
47.00	FOUNDATION	194.08	5	0	47.00
48.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	13,669	0	48.00
49.00	RWJ FOUNDATION	194.28	260	0	49.00
50.00	MEDICAL OFFICE BUILDINGS	194.23	3,057	0	50.00
51.00	OUTPATIENT PHARMACY	194.29	9,462	0	51.00
	0		2,076,927	0	
AB - PTO RECLASS PBH					
1.00	FACILITY ENGINEERING	7.01	667	0	1.00
2.00	HOUSEKEEPING	9.00	3,437	0	2.00
3.00	DIETARY	10.00	3,269	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	32,363	0	4.00
5.00	SUBPROVIDER - IPF	40.00	79,518	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	6,149	0	6.00
7.00	PARTIAL HOSPITALIZATION	91.01	4,741	0	7.00
	0		130,144	0	
AC - PTO ACCRUAL RECLASS PBH					
1.00	FACILITY ENGINEERING	7.01	4,589	0	1.00
2.00	HOUSEKEEPING	9.00	23,635	0	2.00
3.00	DIETARY	10.00	22,477	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	222,528	0	4.00
5.00	SUBPROVIDER - IPF	40.00	546,759	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	42,280	0	6.00
7.00	PARTIAL HOSPITALIZATION	91.01	32,596	0	7.00

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		894,864	0	
AD - PTO RECLASS HOME HEALTH					
1.00	HOME HEALTH AGENCY	101.00	166,593	0	1.00
	0		166,593	0	
AE - PTO ACCRUAL RECLASS HOME HEALTH					
1.00	HOME HEALTH AGENCY	101.00	1,460,564	0	1.00
	0		1,460,564	0	
AF - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	71,103	366	1.00
2.00	PARAMED ED PHARMACY	23.02	839,671	36,806	2.00
	0		910,774	37,172	
AG - DIABETES CLINIC RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	149,727	1.00
	0		0	149,727	
AH - CORPORATE ALLOCATION RECLASS					
1.00	OTHER A&G	5.07	0	72,664,794	1.00
	0		0	72,664,794	
AI - INTERNAL MEDICINE PHYSICIAN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	135,970	1.00
	TOTALS		0	135,970	
AK - TELEPHONE EXPENSE RECLASS					
1.00	COMMUNICATIONS	5.01	0	1,298,857	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
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
	0		0	1,298,857	

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
AM - NEW LIFE CENTER NURSING ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	410,317	67,729	1.00
2.00	NURSERY	43.00	294,389	48,593	2.00
	0		704,706	116,322	
AN - OCCUPATIONAL HEALTH					
1.00		0.00	0	0	1.00
	0		0	0	
AO - CONVERSION TABLE RECLASS					
1.00	RECOVERY ROOM	51.00	439,687	1,637,556	1.00
2.00	OUTPATIENT PHARMACY	194.29	735	3,916	2.00
3.00	OCCUPATIONAL THERAPY	67.00	3,140,884	126,285	3.00
4.00	SPEECH PATHOLOGY	68.00	1,035,713	41,643	4.00
5.00	ELECTROCARDIOLOGY	69.00	837,280	200,406	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	341,781	81,806	6.00
7.00	RECOVERY ROOM	51.00	475,844	1,772,217	7.00
	0		6,271,924	3,863,829	
AP - NURSERY RECLASS NORTH					
1.00	NURSERY	43.00	2,141,071	515,149	1.00
	0		2,141,071	515,149	
AQ - NURSERY RECLASS PVHOS					
1.00	NURSERY	43.00	648,906	144,880	1.00
	0		648,906	144,880	
AR - BONUS SALARY RECLASS					
1.00	OTHER A&G	5.07	9,344,244	0	1.00
	0		9,344,244	0	
500.00	Grand Total: Increases		57,597,900	254,211,145	500.00

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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 - DIETARY PERSONNEL							
1.00	DIETARY	10.00	3,316,063	4,005,709	0		1.00
	O		3,316,063	4,005,709			
B - PHARMACY SALARIES AND SOLUTIONS							
1.00	PHARMACY	15.00	164,230	0	0		1.00
	O		164,230	0			
C - OTHER A&G							
1.00	EMERGENCY	91.00	114,366	0	0		1.00
	O		114,366	0			
D - BLOOD BANK							
1.00	LABORATORY	60.00	221,334	967,071	0		1.00
2.00		0.00	0	0	0		2.00
	O		221,334	967,071			
F - BLOOD BANK LAB ADMIN							
1.00	LABORATORY	60.00	106,033	17,961	0		1.00
2.00		0.00	0	0	0		2.00
	O		106,033	17,961			
I - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	26,458,032	9		1.00
2.00	PHARMACY	15.00	0	658	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,217	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	1,344	0		4.00
	O		0	26,462,251			
J - MED SURG/IV SUPPLIES							
1.00	PATIENT SERVICES	5.04	0	470	0		1.00
2.00	OTHER A&G	5.07	0	47,684	0		2.00
3.00	PHARMACY	15.00	0	1,514,248	0		3.00
4.00	IV SOLUTIONS	15.02	0	596,663	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,672,782	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,243,440	0		6.00
7.00	PEDIATRIC ICU	31.01	0	24,609	0		7.00
8.00	NEONATAL ICU	31.02	0	147,152	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	12,022	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	32,755	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	40,236	0		11.00
12.00	OPERATING ROOM	50.00	0	31,832,900	0		12.00
13.00	PARKVIEW PREMIER SURGERY	50.01	0	2,915,841	0		13.00
14.00	RECOVERY ROOM	51.00	0	100,648	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,020,190	0		15.00
16.00	RADIOLOGY - PULM CLINIC	54.08	0	271	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	48,742	0		17.00
18.00	RADIOISOTOPE	56.00	0	79,333	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17,890	0		19.00
20.00	LABORATORY	60.00	0	1,469	0		20.00
21.00	ANATOMICAL PATHOLOGY	60.01	0	9,824	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	1,011,440	0		22.00
23.00	DIALYSIS	65.02	0	9,033	0		23.00
24.00	ENDOSCOPY	65.03	0	4,003,349	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	51,819	0		25.00
26.00	NEURO REHAB	68.01	0	16,881	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	1,049	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,618	0		28.00
29.00	NUTRITION SUPPORT	70.01	0	1,990	0		29.00
30.00	CARDIAC CATH LAB	70.03	0	20,364,091	0		30.00
31.00	HYPERBARIC OXYGEN THERAPY	76.98	0	279,118	0		31.00
32.00	CLINIC	90.00	0	2,046	0		32.00
33.00	EMERGENCY	91.00	0	566,424	0		33.00
35.00	AMBULANCE SERVICES	95.00	0	4,930	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	393,776	0		36.00
37.00	MEDICAL OFFICE BUILDINGS	194.23	0	1,030	0		37.00
38.00	OUTPATIENT PHARMACY	194.29	0	2,606	0		38.00
39.00	NURSING ADMINISTRATION	13.00	0	106	0		39.00
40.00	CARDIAC REHA SERVICES	70.04	0	191	0		40.00
41.00	SENIOR HEALTH SERVICES	194.14	0	20	0		41.00
	O		0	72,073,686			
K - OPERATION OF PLANT							
1.00	EDUCARE CTR	194.05	0	34,555	0		1.00
	O		0	34,555			
L - IV SALARIES							
1.00	IV SOLUTIONS	15.02	739,277	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

RECLASSIFICATIONS

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Period:
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To 12/31/2018

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	0.00	0	0	0	0		5.00
6.00	0.00	0	0	0	0		6.00
7.00	0.00	0	0	0	0		7.00
8.00	0.00	0	0	0	0		8.00
0		739,277	0				
M - COST OF DRUGS SOLD							
1.00	PHARMACY	15.00	0	61,258,587	0		1.00
0			0	61,258,587			
N - PBH ADMIN COSTS							
1.00	SUBPROVIDER - IPF	40.00	380,169	281,421	0		1.00
0			380,169	281,421			
O - FITNESS CENTER							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	193,756	16,302	0		1.00
0			193,756	16,302			
S - CAPITAL INSURANCE							
1.00	OTHER A&G	5.07	0	669,874	9		1.00
2.00		0.00	0	0	9		2.00
0			0	669,874			
T - HOSPICE RECLASS							
1.00	HOME HEALTH AGENCY	101.00	4,417,452	4,129,931	0		1.00
0			4,417,452	4,129,931			
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	600,072	887,699	0		1.00
0			600,072	887,699			
W - RECLASS PTO DOLLARS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	592,001	0	0		1.00
2.00	FOUNDATION	194.08	11	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
0			592,012	0			
Y - EMPLOYEE BENEFIT RECLASS							
1.00	LABORATORY	60.00	0	14,304	0		1.00
2.00	CLINIC	90.00	0	120,751	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	3,922,710	0		3.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,107	0	4.00
5.00	STUCKY RESEARCH CTR	194.06	0	43,719	0	5.00
6.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	374,231	0	6.00
7.00	RWJ FOUNDATION	194.28	0	1,576	0	7.00
			0	4,479,398		
Z - PTO ACCRUAL RECLASS PVHOS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	21,991,405	0	0	1.00
2.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	11,014	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
59.00		0.00	0	0	0	59.00
			22,002,419	0		
AA - PTO RECLASS PVN						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,076,927	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
0			2,076,927	0			
AB - PTO RECLASS PBH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	130,144	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
0			130,144	0			
AC - PTO ACCRUAL RECLASS PBH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	894,864	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
0			894,864	0			
AD - PTO RECLASS HOME HEALTH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	166,593	0	0		1.00
0			166,593	0			
AE - PTO ACCRUAL RECLASS HOME HEALTH							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,460,564	0	0		1.00
0			1,460,564	0			

RECLASSIFICATIONS

Provider CCN: 15-0021

Period:
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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		
AF - PARAMEDICAL EDUCATION							
1.00	LABORATORY	60.00	71,103	366	0		1.00
2.00	PHARMACY	15.00	839,671	36,806	0		2.00
	0		910,774	37,172			
AG - DIABETES CLINIC RECLASS							
1.00	CLINIC	90.00	0	149,727	0		1.00
	0		0	149,727			
AH - CORPORATE ALLOCATION RECLASS							
1.00	OTHER A&G	5.07	72,664,794	0	0		1.00
	0		72,664,794	0			
AI - INTERNAL MEDICINE PHYSICIAN RECLASS							
1.00	OTHER A&G	5.07	0	135,970	0		1.00
	TOTALS		0	135,970			
AK - TELEPHONE EXPENSE RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,768	0		1.00
2.00	PATIENT SERVICES	5.04	0	1,804	0		2.00
3.00	OTHER A&G	5.07	0	902,004	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,173	0		4.00
5.00	FACILITY ENGINEERING	7.01	0	4,450	0		5.00
6.00	HOUSEKEEPING	9.00	0	32,833	0		6.00
7.00	DIETARY	10.00	0	6,838	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,108	0		8.00
9.00	PHARMACY	15.00	0	1,824	0		9.00
10.00	IV SOLUTIONS	15.02	0	297	0		10.00
11.00	SOCIAL SERVICE	17.00	0	943	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	4,691	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	1,688	0		13.00
14.00	PEDIATRIC ICU	31.01	0	117	0		14.00
15.00	NEONATAL ICU	31.02	0	185	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	327	0		16.00
17.00	SUBPROVIDER - IPF	40.00	0	41,014	0		17.00
18.00	SKILLED NURSING FACILITY	44.00	0	440	0		18.00
19.00	OPERATING ROOM	50.00	0	11,140	0		19.00
20.00	RECOVERY ROOM	51.00	0	20,152	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	117	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,109	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,269	0		23.00
24.00	RADIOISOTOPE	56.00	0	411	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	119	0		25.00
26.00	LABORATORY	60.00	0	2,529	0		26.00
27.00	ANATOMICAL PATHOLOGY	60.01	0	117	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	2,461	0		28.00
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	472	0		29.00
30.00	DIALYSIS	65.02	0	235	0		30.00
31.00	ENDOSCOPY	65.03	0	6,175	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	2,243	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	354	0		33.00
34.00	NEURO REHAB	68.01	0	258	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	250	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	476	0		36.00
37.00	NUTRITION SUPPORT	70.01	0	2,254	0		37.00
38.00	CARDIAC CATH LAB	70.03	0	17,402	0		38.00
39.00	CARDIAC REHABILITATION SERVICES	70.04	0	74	0		39.00
40.00	CLINIC	90.00	0	298	0		40.00
41.00	EMERGENCY	91.00	0	8,428	0		41.00
42.00	AMBULANCE SERVICES	95.00	0	2,663	0		42.00
43.00	HOME HEALTH AGENCY	101.00	0	186,943	0		43.00
44.00	OP CLINIC	194.03	0	725	0		44.00
45.00	EDUCARE CTR	194.05	0	74	0		45.00
46.00	STUCKY RESEARCH CTR	194.06	0	1,637	0		46.00
47.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	9,978	0		47.00
48.00	BREAST DIAGNOSTIC CTR	194.18	0	844	0		48.00
49.00	OUTPATIENT PHARMACY	194.29	0	146	0		49.00
	0		0	1,298,857			
AM - NEW LIFE CENTER NURSING ADMIN							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	704,706	116,322	0		1.00
2.00		0.00	0	0	0		2.00
	0		704,706	116,322			
AN - OCCUPATIONAL HEALTH							
1.00		0.00	0	0	0		1.00
	0		0	0			

RECLASSIFICATIONS

Provider CCN: 15-0021

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		
AO - CONVERSION TABLE RECLASS							
1.00	OPERATING ROOM	50.00	439,687	1,637,556	0		1.00
2.00	PHARMACY	15.00	735	3,916	0		2.00
3.00	PHYSICAL THERAPY	66.00	3,140,884	126,285	0		3.00
4.00	PHYSICAL THERAPY	66.00	1,035,713	41,643	0		4.00
5.00	RESPIRATORY THERAPY	65.00	837,280	200,406	0		5.00
6.00	RESPIRATORY THERAPY	65.00	341,781	81,806	0		6.00
7.00	OPERATING ROOM	50.00	475,844	1,772,217	0		7.00
	O		6,271,924	3,863,829			
AP - NURSERY RECLASS NORTH							
1.00	ADULTS & PEDIATRICS	30.00	2,141,071	515,149	0		1.00
	O		2,141,071	515,149			
AQ - NURSERY RECLASS PVHOS							
1.00	ADULTS & PEDIATRICS	30.00	648,906	144,880	0		1.00
	O		648,906	144,880			
AR - BONUS SALARY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,344,244	0	0		1.00
	O		9,344,244	0			
500.00	Grand Total: Decreases		130,262,694	181,546,351			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,770,319	0	0	0	1.00
2.00	Land Improvements	67,503,714	2,596,511	0	2,596,511	2.00
3.00	Buildings and Fixtures	748,926,170	94,905,688	0	94,905,688	3,742
4.00	Building Improvements	11,612,026	696,488	0	696,488	0
5.00	Fixed Equipment	18,849,722	579,563	0	579,563	0
6.00	Movable Equipment	196,514,831	32,551,058	0	32,551,058	4,707,749
7.00	HIT designated Assets	38,378,844	921,838	0	921,838	285,283
8.00	Subtotal (sum of lines 1-7)	1,088,555,626	132,251,146	0	132,251,146	4,996,774
9.00	Reconciling Items	27,851,925	921,838	0	921,838	3,494,222
10.00	Total (line 8 minus line 9)	1,060,703,701	131,329,308	0	131,329,308	1,502,552
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,770,319	0			1.00
2.00	Land Improvements	70,100,225	6,983,407			2.00
3.00	Buildings and Fixtures	843,828,116	107,552,986			3.00
4.00	Building Improvements	12,308,514	981,430			4.00
5.00	Fixed Equipment	19,429,285	3,100,389			5.00
6.00	Movable Equipment	224,358,140	106,323,282			6.00
7.00	HIT designated Assets	39,015,399	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,215,809,998	224,941,494			8.00
9.00	Reconciling Items	25,279,541	0			9.00
10.00	Total (line 8 minus line 9)	1,190,530,457	224,941,494			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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	49,623,312	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	49,623,312	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	49,623,312				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	49,623,312				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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	952,436,459	0	952,436,459	0.816551	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	224,358,140	10,380,241	213,977,899	0.183449	0	2.00
3.00	Total (sum of lines 1-2)	1,176,794,599	10,380,241	1,166,414,358	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	23,826,915	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	26,701,497	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	50,528,412	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	23,826,915	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	26,701,497	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	50,528,412	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 11:04 am

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 #	
				1.00	2.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,844,619	CAP REL COSTS-BLDG & FIXT	1.00	9 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		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)	A	-243,592	COMMUNICATIONS	5.01	0 7.00
8.00	Television and radio service (chapter 21)	A	-5,538	OPERATION OF PLANT	7.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-2,304,929			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	33,527,109			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	A	-1,735,565	DIETARY	10.00	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	B	-1,729,786	OUTPATIENT PHARMACY	194.29	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
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	HAF TAX EXPENSE	A	-47,329,036	OTHER A&G	5.07	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
37.00 EKG NONPATIENT EXPENSE	A	-31,862	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	37.00
37.04 FITNESS CENTER EMPLOYEE REVENUE	B	-106,971	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.04
37.05 HEALTH FITNESS EMPLOYEE DUES	B	-4,214	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.05
37.06 NONALLOWABLE LOBBYING FEES	A	-40,432	OTHER A&G		5.07	0	37.06
37.09 CAPITAL COST NEW B&F	A	4,303,883	CAP REL COSTS-BLDG & FIXT		1.00	9	37.09
37.10 CAPITAL COST NEW M&E	A	54,615	CAP REL COSTS-MVBLE EQUIP		2.00	9	37.10
38.00 TELEMETRY	A	-170,804	ADULTS & PEDIATRICS		30.00	0	38.00
38.06 SELF FUNDED INSURANCE ADJUSTMEN	A	-58,855,074	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.06
38.36 CAPITAL COSTS NEW M&E	A	-158,531	CAP REL COSTS-BLDG & FIXT		1.00	9	38.36
38.38 CAPITAL COSTS NEW M&E	A	7,944	CAP REL COSTS-BLDG & FIXT		1.00	9	38.38
39.02 LIQUOR EXPENSE	A	-9,338	OTHER A&G		5.07	0	39.02
39.03 LIQUOR EXPENSE	A	-719	DIETARY		10.00	0	39.03
39.07 TELEPHONE OFFSET	A		CAP REL COSTS-BLDG & FIXT		1.00	9	39.07
39.08 TELEPHONE OFFSET	A		CAP REL COSTS-MVBLE EQUIP		2.00	9	39.08
39.09 CAFETERIA EMPLOYEE ADJUSTMENT	B	-4,099,375	DIETARY		10.00	0	39.09
40.02 OFFSET LAB SERVICES BILLED	B	-2,345,355	LABORATORY		60.00	0	40.02
40.03 OFFSET LAB SERVICES BILLED	B	-2,050,129	LABORATORY		60.00	0	40.03
40.04 OFFSET LAB SERVICES BILLED	B	-2,354,006	LABORATORY		60.00	0	40.04
40.06 LAB SERVICES BILLED	B	-4,525,300	LABORATORY		60.00	0	40.06
40.07 MISC OPERATING REVENUE	B	-27,637	ADULTS & PEDIATRICS		30.00	0	40.07
40.08 OFFSET OTHER OPERATING REVENUE	B	-747,969	PHARMACY		15.00	0	40.08
40.09 OFFSET OTHER OPERATING REVENUE	B	-88,801	PHARMACY		15.00	0	40.09
40.10 OFFSET OTHER OPERATING REVENUE	B	-700,341	CLINIC		90.00	0	40.10
40.11 OFFSET LAB SERVICES BILLED	B	-2,534,557	LABORATORY		60.00	0	40.11
40.12 OFFSET LAB SERVICES BILLED	B	-13,967	CARDIAC CATH LAB		70.03	0	40.12
40.13 OFFSET LAB SERVICES BILLED	B	-203,841	LABORATORY		60.00	0	40.13
40.14 OFFSET LAB SERVICES BILLED	B	-1,152,549	LABORATORY		60.00	0	40.14
40.15 OFFSET OTHER OPERATING REVENUE	B		SUBPROVIDER - IPF		40.00	0	40.15
40.16 OFFSET OTHER OPERATING REVENUE	B	-14,400	NEURO REHAB		68.01	0	40.16
40.18 OFFSET OTHER OPERATING REVENUE	B		PARTIAL HOSPITALIZATION		91.01	0	40.18
40.19 OFFSET OTHER OPERATING REVENUE	B	-2,140	ADULTS & PEDIATRICS		30.00	0	40.19
41.07 VENDING MACHINES	A	-7,130	OPERATION OF PLANT		7.00	0	41.07
41.08 VENDING MACHINES	A	-11,369	CAP REL COSTS-BLDG & FIXT		1.00	9	41.08
41.09 VENDING MACHINES	A	-176	OTHER A&G		5.07	0	41.09
41.10 VENDING MACHINES	A	-333	OTHER A&G		5.07	0	41.10
42.00 INTERUNIT RENT INCOME OFFSET	B	-1,772	RADIOLOGY - PULM CLINIC		54.08	0	42.00
43.00 RENTAL PROPERTY ADJUSTMENT	A	-197,734	OTHER A&G		5.07	0	43.00
44.00 FILM DUPLICATION	B	-851	RADIOLOGY-DIAGNOSTIC		54.00	0	44.00
44.01 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-15	REHAB ADMIN		17.01	0	44.01
44.02 REMOVE PMG LOSSES ALLOCATED TO PARKV	A		RECOVERY ROOM		51.00	0	44.02
44.03 REMOVE PMG LOSSES ALLOCATED TO PARKV	A		PARKVIEW PREMIER SURGERY		50.01	0	44.03
46.01 INTEREST EXPENSE	A	10,924	MED SURG SUPPLY		15.03	0	46.01
47.00 HHA PHYSICIAN OFFSET	A	-18,016	HOME HEALTH AGENCY		101.00	0	47.00
47.01 MEDICAL PARK 11	A	-625,520	MEDICAL OFFICE BUILDINGS		194.23	0	47.01
47.03 HOPD LIBERTY MILLS	A	-115,576	LABORATORY		60.00	0	47.03
47.04 HOPD LIBERTY MILLS	A	-115,576	RADIOLOGY-DIAGNOSTIC		54.00	0	47.04
48.04 OFFSET PULM REHAB REVENUE	B	-13,810	RESPIRATORY THERAPY		65.00	0	48.04
48.15 OFFSET PARK CENTER REVENUE	B	-4,618	SUBPROVIDER - IPF		40.00	0	48.15
49.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	49.00
49.07 GROSS UP BREAST DIAGNOSTIC EXP	A	-10,110	BREAST DIAGNOSTIC CTR		194.18	0	49.07
49.17 INDIANA SALES TAX DISCOUNT	B	-517,594	OTHER A&G		5.07	0	49.17
49.18 INDIANA SALES TAX DISCOUNT	B	-6,519	EMERGENCY		91.00	0	49.18
49.19 INTERUNIT RENT EXPENSE	A	-144,396	STUCKY RESEARCH CTR		194.06	0	49.19
49.20 INTERUNIT RENT EXPENSE	A	-37,110	RADIOLOGY - NHMP		54.05	0	49.20
49.21 INTERUNIT RENT EXPENSE	A	-245,433	RADIOLOGY-DIAGNOSTIC		54.00	0	49.21
49.22 INTERUNIT RENT EXPENSE	A	-685,562	PARKVIEW PREMIER SURGERY		50.01	0	49.22
49.23 INTERUNIT RENT EXPENSE	A	-234,659	ADULTS & PEDIATRICS		30.00	0	49.23
49.24 INTERUNIT RENT EXPENSE	A	-516,595	OTHER A&G		5.07	0	49.24
49.25 INTERUNIT RENT EXPENSE	A	-91,880	EMERGENCY		91.00	0	49.25

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
5/28/2019 11:04 am

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	
49.26 INTERUNIT RENT EXPENSE	A	-208,514	RADIOLOGY-THERAPEUTIC	55.00	0	49.26
49.27 INTERUNIT RENT EXPENSE	A	0		0.00	0	49.27
49.28 INTERUNIT RENT EXPENSE	A	-125,024	LABORATORY	60.00	0	49.28
49.29 INTERUNIT RENT EXPENSE	A	-11,448	ANATOMICAL PATHOLOGY	60.01	0	49.29
49.30 INTERUNIT RENT EXPENSE	A	-457,488	ENDOSCOPY	65.03	0	49.30
49.31 INTERUNIT RENT EXPENSE	A	-203,184	PHYSICAL THERAPY	66.00	0	49.31
49.33 INTERUNIT RENT EXPENSE	A	-178,221	NEURO REHAB	68.01	0	49.33
49.34 COMMUNITY BENEFIT	A		OTHER A&G	5.07	0	49.34
49.35 OFFSET DIABETES OTHER REVENUE	B	-118,112	OUTPATIENT PHARMACY	194.29	0	49.35
49.36 OFFSET ONCOLOGY RENT INCOME	B		RADIOLOGY-THERAPEUTIC	55.00	0	49.36
49.38 INTERUNIT RENT EXPENSE	A	-68,525	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.38
49.43 INTERUNIT RENT EXPENSE	A	-152,725	MEDICAL OFFICE BUILDINGS	194.23	0	49.43
49.44 INTERUNIT RENT EXPENSE	A	-14,339	CAP REL COSTS-BLDG & FIXT	1.00	9	49.44
49.45 INTERUNIT RENT EXPENSE	A	-1,772	CLINIC	90.00	0	49.45
49.46 INTERUNIT RENT EXPENSE	A	-412,480	HOME HEALTH AGENCY	101.00	0	49.46
49.47 OFFSET RADIOLOGY REVENUE	B		EMERGENCY	91.00	0	49.47
49.56 ONCOLOGY OTHER REVENUE	B	-219	RADIOLOGY-THERAPEUTIC	55.00	0	49.56
49.63 A&G OTHER REVENUE	B	-59,500	OTHER A&G	5.07	0	49.63
49.69 ADMINISTRATION PHYSICIAN ADD BACK	A	2,340,872	OTHER A&G	5.07	0	49.69
49.71 REMOVE PPG SUBSIDY	A	-152,432,177	OTHER A&G	5.07	0	49.71
49.72 REMOVE PPG SUBSIDY	A	-411	DIETARY	10.00	0	49.72
49.73 REMOVE PPG SUBSIDY	A	-106	PHARMACY	15.00	0	49.73
49.74 REMOVE PPG SUBSIDY	A	-2	IV SOLUTIONS	15.02	0	49.74
49.75 REMOVE PPG SUBSIDY	A	-365	REHAB ADMIN	17.01	0	49.75
49.76 REMOVE PPG SUBSIDY	A	152,704	ADULTS & PEDIATRICS	30.00	0	49.76
49.77 REMOVE PPG SUBSIDY	A	-50	INTENSIVE CARE UNIT	31.00	0	49.77
49.78 REMOVE PPG SUBSIDY	A	-89	NEONATAL ICU	31.02	0	49.78
49.79 REMOVE PPG SUBSIDY	A	-78,964	SUBPROVIDER - IPF	40.00	0	49.79
49.80 REMOVE PPG SUBSIDY	A	-1,427	OPERATING ROOM	50.00	0	49.80
49.81 REMOVE PPG SUBSIDY	A	-4,747	PARKVIEW PREMIER SURGERY	50.01	0	49.81
49.82 REMOVE PPG SUBSIDY	A	-27	RECOVERY ROOM	51.00	0	49.82
49.83 REMOVE PPG SUBSIDY	A	-390	RADIOLOGY-DIAGNOSTIC	54.00	0	49.83
49.84 REMOVE PPG SUBSIDY	A	-498	RADIOLOGY - PULM CLINIC	54.08	0	49.84
49.85 REMOVE PPG SUBSIDY	A	-11,955	RADIOLOGY-THERAPEUTIC	55.00	0	49.85
49.86 REMOVE PPG SUBSIDY	A	-5,541	LABORATORY	60.00	0	49.86
49.87 REMOVE PPG SUBSIDY	A	-75	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	49.87
49.88 REMOVE PPG SUBSIDY	A	-450	RESPIRATORY THERAPY	65.00	0	49.88
49.89 REMOVE PPG SUBSIDY	A	-2,292	ENDOSCOPY	65.03	0	49.89
49.90 REMOVE PPG SUBSIDY	A	54,040	OCCUPATIONAL THERAPY	67.00	0	49.90
49.91 REMOVE PPG SUBSIDY	A	-6	ELECTROCARDIOLOGY	69.00	0	49.91
49.92 REMOVE PPG SUBSIDY	A	-265	ELECTROENCEPHALOGRAPHY	70.00	0	49.92
49.93 REMOVE PPG SUBSIDY	A	-294	CLINIC	90.00	0	49.93
49.94 REMOVE PPG SUBSIDY	A	-221,814	EMERGENCY	91.00	0	49.94
49.95 REMOVE PPG SUBSIDY	A	-212,364	AMBULANCE SERVICES	95.00	0	49.95
49.96 REMOVE PPG SUBSIDY	A	-16,281	HOME HEALTH AGENCY	101.00	0	49.96
49.97 REMOVE PPG SUBSIDY	A	-4,252	STUCKY RESEARCH CTR	194.06	0	49.97
49.98 REMOVE PPG SUBSIDY	A	-153	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.98
49.99 REMOVE PPG SUBSIDY	A	0		0.00	0	49.99
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-255,588,186				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: 15-0021

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2019 11:04 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	0	105,066 1.00
2.00	0.00		HOME OFFICE COST REPORT	0	0 2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	3,756,515	2,815,568 3.00
4.00	5.07	OTHER A&G	HOME OFFICE COST REPORT	0	12,047,828 4.00
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	4,849,542	4,377,887 4.04
4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	185,355,794	140,340,000 4.06
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882	0 4.07
4.09	194.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	0	23,074 4.09
4.11	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	0	849,201 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			194,085,733	160,558,624 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.

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

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

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

6.00	C		0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B		0.00	PV HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/28/2019 11:04 am
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	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	-105,066	9		1.00
2.00	0	0		2.00
3.00	940,947	0		3.00
4.00	-12,047,828	0		4.00
4.04	471,655	0		4.04
4.06	45,015,794	0		4.06
4.07	123,882	0		4.07
4.09	-23,074	0		4.09
4.11	-849,201	0		4.11
5.00	33,527,109			5.00

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

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

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

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

6.00	LAUNDRY		6.00
7.00	HOME OFFICE		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: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 11:04 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.07	DR. A	88,208	0	88,208	179,000	624	1.00
2.00	5.07	DR. B	217,343	0	217,343	179,000	832	2.00
3.00	5.07	DR. C	319,508	0	319,508	179,000	773	3.00
4.00	5.07	DR. D	202,289	0	202,289	179,000	832	4.00
5.00	5.07	DR. E	88,129	0	88,129	179,000	578	5.00
6.00	55.00	DR. F	50,808	0	50,808	271,900	240	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	68,310	0	68,310	271,900	297	7.00
8.00	5.07	AGGREGATE-OTHER A&G	22,721	0	22,721	179,000	104	8.00
9.00	60.00	AGGREGATE-LABORATORY	586,667	341,740	244,927	260,300	8,701	9.00
10.00	17.00	DR. G	17,642	0	17,642	179,000	120	10.00
11.00	65.00	DR. H	6,074	0	6,074	179,000	54	11.00
12.00	76.98	DR. I	6,000	0	6,000	179,000	40	12.00
13.00	91.00	DR. J	214,050	0	214,050	179,000	1,248	13.00
14.00	91.00	AGGREGATE-EMERGENCY	108,874	0	108,874	179,000	592	14.00
15.00	91.00	DR. K	62,239	0	62,239	179,000	372	15.00
16.00	91.00	AGGREGATE-EMERGENCY	1,092,080	1,092,080	0	179,000	8,760	16.00
200.00			3,150,942	1,433,820	1,717,122		24,167	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	5.07	DR. A	53,700	2,685	0	0	0	1.00
2.00	5.07	DR. B	71,600	3,580	0	0	0	2.00
3.00	5.07	DR. C	66,523	3,326	0	0	0	3.00
4.00	5.07	DR. D	71,600	3,580	0	0	0	4.00
5.00	5.07	DR. E	49,741	2,487	0	0	0	5.00
6.00	55.00	DR. F	31,373	1,569	0	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	38,824	1,941	0	0	0	7.00
8.00	5.07	AGGREGATE-OTHER A&G	8,950	448	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	1,088,880	54,444	0	0	0	9.00
10.00	17.00	DR. G	10,327	516	0	0	0	10.00
11.00	65.00	DR. H	4,647	232	0	0	0	11.00
12.00	76.98	DR. I	3,442	172	0	0	0	12.00
13.00	91.00	DR. J	107,400	5,370	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	50,946	2,547	0	0	0	14.00
15.00	91.00	DR. K	32,013	1,601	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	753,865	37,693	0	0	0	16.00
200.00			2,443,831	122,191	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	5.07	DR. A	0	53,700	34,508	34,508		1.00
2.00	5.07	DR. B	0	71,600	145,743	145,743		2.00
3.00	5.07	DR. C	0	66,523	252,985	252,985		3.00
4.00	5.07	DR. D	0	71,600	130,689	130,689		4.00
5.00	5.07	DR. E	0	49,741	38,388	38,388		5.00
6.00	55.00	DR. F	0	31,373	19,435	19,435		6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	38,824	29,486	29,486		7.00
8.00	5.07	AGGREGATE-OTHER A&G	0	8,950	13,771	13,771		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	1,088,880	0	341,740		9.00
10.00	17.00	DR. G	0	10,327	7,315	7,315		10.00
11.00	65.00	DR. H	0	4,647	1,427	1,427		11.00
12.00	76.98	DR. I	0	3,442	2,558	2,558		12.00
13.00	91.00	DR. J	0	107,400	106,650	106,650		13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	50,946	57,928	57,928		14.00
15.00	91.00	DR. K	0	32,013	30,226	30,226		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	753,865	0	1,092,080		16.00
200.00			0	2,443,831	871,109	2,304,929		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	23,826,915	23,826,915			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,701,497		26,701,497		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,433,867	550,323	96,519	28,080,709	4.00
5.01 00540	COMMUNICATIONS	1,055,265	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	136,796	0	0	5.02
5.03 00560	MATERIALS MANAGEMENT	0	44,321	0	0	5.03
5.04 00570	PATIENT SERVICES	3,247,183	84,646	13,657	231,441	5.04
5.05 00580	PATIENT ACCOUNTING	0	5,616	0	0	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	205,341,702	1,848,124	1,342,701	7,220,237	5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,480	0	0	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	8,441,735	2,098,076	99,649	78,928	7.00
7.01 00701	FACILITY ENGINEERING	4,858,477	1,864,264	640,961	260,041	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	4,393,465	24,969	0	0	8.00
9.00 00900	HOUSEKEEPING	8,609,591	418,737	61,526	564,604	9.00
10.00 01000	DIETARY	1,184,967	793,900	702,810	307,736	10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	7,321,772	0	0	285,354	10.01
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,567,040	61,992	580,261	247,298	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	177,197	0	0	14.00
15.00 01500	PHARMACY	12,831,523	242,553	2,297,078	990,228	15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	15.01
15.02 01502	IV SOLUTIONS	2,218,273	113,497	996	49,574	15.02
15.03 01503	MED SURG SUPPLY	68,880,856	0	0	0	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	180,118	0	0	16.00
17.00 01700	SOCIAL SERVICE	5,109,782	99,280	11,842	302,163	17.00
17.01 01701	REHAB ADMIN	1,264,109	0	0	68,080	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,396,637	0	0	221	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	71,469	3,365	0	6,119	23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	876,477	3,795	0	72,255	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	57,991,472	3,555,378	1,682,934	3,974,992	30.00
31.00 03100	INTENSIVE CARE UNIT	21,984,343	1,089,704	1,479,218	1,651,836	31.00
31.01 03101	PEDIATRIC ICU	1,215,526	78,346	93,189	91,047	31.01
31.02 03102	NEONATAL ICU	4,829,155	270,760	158,302	311,884	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	7,969,504	663,997	47,711	561,518	40.00
41.00 04100	SUBPROVIDER - IRF	4,153,951	279,905	5,297	222,427	41.00
43.00 04300	NURSERY	3,792,988	58,867	0	265,416	43.00
44.00 04400	SKILLED NURSING FACILITY	3,499,354	337,583	6,784	257,154	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,136,523	1,392,718	3,859,950	965,090	50.00
50.01 05001	PARKVIEW PREMIER SURGERY	3,112,686	218,520	238,218	144,805	50.01
51.00 05100	RECOVERY ROOM	7,736,328	720,929	130,685	331,570	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	81,846	335,041	0	7,053	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,304,311	571,914	3,874,798	982,551	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	241,011	37,655	55,353	19,401	54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	126,607	80,067	23,975	6,912	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	6,865,221	603,334	2,462,532	461,852	55.00
56.00 05600	RADIOISOTOPE	453,578	77,157	6,222	33,734	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,188,910	202,115	75,882	74,862	58.00
60.00 06000	LABORATORY	23,392,161	637,156	2,149,800	1,461,478	60.00
60.01 06001	ANATOMICAL PATHOLOGY	3,184,814	17,304	127,333	87,199	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Part I
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,235,211	0	0	247	368	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,296,828	174,351	369,352	455,149	8,225	65.00
65.02	06502	DIALYSIS	2,556,464	50,975	14,951	4,497	737	65.02
65.03	03330	ENDOSCOPY	5,712,772	397,310	1,188,386	279,012	1,719	65.03
66.00	06600	PHYSICAL THERAPY	4,422,434	341,605	116,820	342,412	6,138	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,750,945	17,253	0	309,317	123	67.00
68.00	06800	SPEECH PATHOLOGY	1,077,356	0	0	89,125	123	68.00
68.01	06801	NEURO REHAB	2,150,867	99,584	30,909	173,998	2,455	68.01
69.00	06900	ELECTROCARDIOLOGY	1,640,541	0	36,234	101,812	614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	722,395	18,644	24,831	49,299	123	70.00
70.01	03950	NUTRITION SUPPORT	1,011,902	15,166	659	74,011	1,473	70.01
70.03	03952	CARDIAC CATH LAB	6,411,527	378,944	1,326,529	350,412	20,256	70.03
70.04	03953	CARDIAC REHA SERVICES	308,683	38,465	22,047	23,189	1,964	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-31,862	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,258,587	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,847,787	45,118	27,763	63,767	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	939,137	33,519	0	125,184	1,228	90.00
90.01	09001	ANTI COAG CLINIC	1,092,226	42,146	2,161	68,130	1,596	90.01
90.02	09002	INFECTIOUS DISEASES	13,175	18,796	0	980	0	90.02
90.03	09003	RHEUMATOLOGY	49	18,290	0	0	0	90.03
91.00	09100	EMERGENCY	15,850,601	893,167	774,070	1,057,845	27,008	91.00
91.01	09101	PARTIAL HOSPITALIZATION	415,746	12,396	0	31,060	246	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,360,107	83,811	139,403	141,936	2,087	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	12,776,415	257,263	51,191	719,044	33,882	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,035,154	0	0	431,768	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	756,747,938	22,918,302	26,451,489	27,489,254	1,025,800	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,437	54,010	2,436	594	982	190.00
194.00	07950	NON ALLOWABLE	841,619	0	0	0	5,402	194.00
194.01	07951	TELEVISION	0	0	0	0	246	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	1,090	244,210	0	52	614	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	851,122	203,304	2,820	10,050	123	194.05
194.06	07956	STUCKY RESEARCH CTR	4,947,486	14,306	224,278	330,518	246	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	28,398	25,462	0	31	2,578	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,754,611	0	0	6,651	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	400,188	59,146	168	11,588	246	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,361,939	0	5,696	95,910	1,228	194.15
194.16	07966	FITNESS	210,058	12,801	0	16,673	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-11,357	47,559	0	0	982	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	463	133,786	840	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	132,646	40,628	0	23,745	1,350	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	9,999	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,768,229	0	0	0	14,854	194.25

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	31,839	0	0	608	0	194.28
194.29 07978 OUTPATIENT PHARMACY	19,574,955	73,401	3,771	95,035	614	194.29
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)	790,710,661	23,826,915	26,701,497	28,080,709	1,055,265	202.00

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Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	331,614				5.02
5.03	00560	MATERIALS MANAGEMENT	0	61,139			5.03
5.04	00570	PATIENT SERVICES	3,400	17	3,636,324		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	39,744	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	113,678
5.07	00590	OTHER A&G	6,034	687	0	0	113,678
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	1,267	84	0	0	0
7.01	00701	FACILITY ENGINEERING	4,934	290	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	381	0	0	0
9.00	00900	HOUSEKEEPING	17,703	546	0	0	0
10.00	01000	DIETARY	17,669	549	0	0	0
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS ANDER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,134	42	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	10,868	570	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	I V SOLUTIONS	1,234	112	0	0	0
15.03	01503	MED SURG SUPPLY	0	35,978	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	3,901	7	0	0	0
17.01	01701	REHAB ADMIN	800	4	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,211	2,339	527,102	3,715	0
31.00	03100	INTENSIVE CARE UNIT	23,870	992	202,648	1,112	0
31.01	03101	PEDIATRIC ICU	1,067	24	7,562	42	0
31.02	03102	NEONATAL ICU	4,134	206	64,088	352	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	9,201	87	57,444	315	0
41.00	04100	SUBPROVIDER - IRF	3,467	136	29,280	161	0
43.00	04300	NURSERY	0	0	12,634	69	0
44.00	04400	SKILLED NURSING FACILITY	4,534	93	15,346	84	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,569	2,937	496,751	4,785	0
50.01	05001	PARKVIEW PREMIER SURGERY	2,200	259	351	667	0
51.00	05100	RECOVERY ROOM	3,400	159	82,254	1,097	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,234	4	7,356	40	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,335	3,019	310,776	4,219	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	400	3	16	14	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	100	15	0	1	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	5,067	149	4,709	1,126	0
56.00	05600	RADIOISOTOPE	400	49	8,375	77	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	933	40	24,757	255	0
60.00	06000	LABORATORY	27,671	6,962	267,534	3,258	0
60.01	06001	ANATOMICAL PATHOLOGY	1,200	531	17,492	210	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	23,802	151	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	7,468	92	85,815	507	0
65.02	06502	DIALYSIS	133	6	13,609	79	0
65.03	03330	ENDOSCOPY	4,301	741	52,389	1,380	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
66.00	06600 PHYSICAL THERAPY	9,235	33	31,186	234	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	600	1	29,324	166	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	9,784	58	0	68.00
68.01	06801 NEURO REHAB	2,467	24	27	119	0	68.01
69.00	06900 ELECTROCARDIOLOGY	900	138	20,717	446	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	333	31	8,192	104	0	70.00
70.01	03950 NUTRITION SUPPORT	1,200	64	935	6	0	70.01
70.03	03952 CARDIAC CATH LAB	4,167	132	158,518	1,803	0	70.03
70.04	03953 CARDIAC REHA SERVICES	400	11	4	23	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	207,796	1,955	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	112,508	798	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	222,910	2,002	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	341,801	4,827	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	867	32	11,323	145	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,667	0	587	18	0	90.00
90.01	09001 ANTI COAG CLINIC	600	154	37	45	0	90.01
90.02	09002 INFECTIOUS DISEASES	33	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	16,869	981	168,549	2,657	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	433	3	0	24	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,800	639	36	174	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	16,036	593	0	268	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	156	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	324,446	60,946	3,636,324	39,744	113,678	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	133	15	0	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	3,701	39	0	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	200	28	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	233	5	0	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	1,200	50	0	0	0	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	1	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	467	23	0	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	1,234	18	0	0	0	194.29
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)	331,614	61,139	3,636,324	39,744	113,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	215,873,163	215,873,163				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	1,480	556	2,036			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	10,725,018	4,027,652	0	0	14,752,670	7.00
7.01	00701	FACILITY ENGINEERING	7,655,484	2,874,925	0	0	1,443,150	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,433,055	1,664,781	0	0	19,329	8.00
9.00	00900	HOUSEKEEPING	9,678,968	3,634,820	0	0	324,150	9.00
10.00	01000	DIETARY	3,016,224	1,132,707	0	0	614,568	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	7,607,126	2,856,765	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,460,731	1,675,174	0	0	47,988	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	184,072	69,126	0	0	137,170	14.00
15.00	01500	PHARMACY	16,390,129	6,155,116	0	0	187,763	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	2,383,686	895,165	0	0	87,860	15.02
15.03	01503	MED SURG SUPPLY	68,916,834	25,880,731	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	182,205	68,425	0	0	139,432	16.00
17.00	01700	SOCIAL SERVICE	5,534,586	2,078,447	0	0	76,854	17.00
17.01	01701	REHAB ADMIN	1,337,535	502,295	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,396,858	1,275,649	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	80,953	30,401	0	0	2,605	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	952,527	357,710	0	0	2,937	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,972,432	25,526,231	0	0	2,752,260	30.00
31.00	03100	INTENSIVE CARE UNIT	26,462,449	9,937,655	0	0	843,553	31.00
31.01	03101	PEDIATRIC ICU	1,488,890	559,135	0	0	60,649	31.01
31.02	03102	NEONATAL ICU	5,656,682	2,124,299	0	0	209,598	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	9,341,081	3,507,931	0	0	514,008	40.00
41.00	04100	SUBPROVIDER - IRF	4,705,427	1,767,067	0	0	216,678	41.00
43.00	04300	NURSERY	4,130,097	1,551,008	0	0	45,570	43.00
44.00	04400	SKILLED NURSING FACILITY	4,126,334	1,549,595	0	0	261,327	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,896,438	9,725,097	0	0	1,078,120	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	3,722,494	1,397,938	2,036	0	169,159	50.01
51.00	05100	RECOVERY ROOM	9,019,558	3,387,187	0	0	558,080	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	442,886	166,321	0	0	259,359	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,090,721	8,295,905	0	0	442,726	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	357,168	134,130	0	0	29,149	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	238,414	89,534	0	0	61,981	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	10,429,525	3,916,683	0	0	467,048	55.00
56.00	05600	RADIOISOTOPE	580,329	217,936	0	0	59,729	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,570,209	589,673	0	0	156,459	58.00
60.00	06000	LABORATORY	27,971,064	10,504,197	0	0	493,231	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,437,311	1,290,841	0	0	13,395	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,259,779	1,224,171	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,397,787	2,402,612	0	0	134,967	65.00
65.02	06502	DIALYSIS	2,641,451	991,965	0	0	39,460	65.02
65.03	03330	ENDOSCOPY	7,638,010	2,868,363	0	0	307,563	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	5,270,097	1,979,122	0	0	264,441	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,107,729	1,542,608	0	0	13,356	67.00
68.00	06800	SPEECH PATHOLOGY	1,176,446	441,800	0	0	0	68.00
68.01	06801	NEURO REHAB	2,460,450	923,992	0	0	77,089	68.01
69.00	06900	ELECTROCARDIOLOGY	1,801,402	676,495	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	823,952	309,425	0	0	14,433	70.00
70.01	03950	NUTRITION SUPPORT	1,105,416	415,126	0	0	11,740	70.01
70.03	03952	CARDIAC CATH LAB	8,652,288	3,249,263	0	0	293,346	70.03
70.04	03953	CARDIAC REHA SERVICES	394,786	148,257	0	0	29,776	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,889	66,804	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	113,306	42,551	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	224,912	84,463	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,605,215	23,135,099	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,996,802	749,875	0	0	34,927	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,101,340	413,595	0	0	25,948	90.00
90.01	09001	ANTI COAG CLINIC	1,207,095	453,310	0	0	32,626	90.01
90.02	09002	INFECTIOUS DISEASES	32,984	12,387	0	0	14,550	90.02
90.03	09003	RHEUMATOLOGY	18,339	6,887	0	0	14,159	90.03
91.00	09100	EMERGENCY	18,791,747	7,057,015	0	0	691,412	91.00
91.01	09101	PARTIAL HOSPITALIZATION	459,908	172,713	0	0	9,596	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,729,993	2,527,368	0	0	64,879	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	13,854,692	5,202,963	0	0	199,151	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,467,078	3,930,786	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	754,961,036	202,447,823	2,036	0	14,049,304	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,473	47,871	0	0	41,810	190.00
194.00	07950	NON ALLOWABLE	847,021	318,089	0	0	0	194.00
194.01	07951	TELEVISION	246	92	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	245,966	92,370	0	0	189,046	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,067,567	400,912	0	0	157,380	194.05
194.06	07956	STUCKY RESEARCH CTR	5,520,574	2,073,185	0	0	11,074	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	56,469	21,206	0	0	19,710	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,761,490	661,506	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	471,574	177,094	0	0	45,785	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,466,023	926,085	0	0	0	194.15
194.16	07966	FITNESS	239,532	89,953	0	0	9,909	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	37,185	13,964	0	0	36,816	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	135,089	50,731	0	0	103,565	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	198,859	74,679	0	0	31,451	194.23
194.24	07974	START-UP COSTS ORTHO	9,999	3,755	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,783,083	1,045,153	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	32,447	12,185	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	19,749,028	7,416,510	0	0	56,820	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	790,710,661	215,873,163	2,036	0	14,752,670	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	11,973,559					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	17,388	6,134,553				8.00
9.00	00900	HOUSEKEEPING	291,613	1,227	13,930,778			9.00
10.00	01000	DIETARY	552,880	0	660,295	5,976,674		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10,463,891	10.01
10.02	01002	CAFETERIA	0	0	0	1,880,356	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	137,272	350,655	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	43,172	0	51,559	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	123,401	0	147,376	0	0	14.00
15.00	01500	PHARMACY	168,916	0	201,734	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	79,041	0	94,397	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	125,436	0	149,806	0	0	16.00
17.00	01700	SOCIAL SERVICE	69,140	0	82,572	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,343	0	2,798	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	2,643	0	3,156	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,475,998	2,429,894	2,957,043	2,036,258	5,201,547	30.00
31.00	03100	INTENSIVE CARE UNIT	758,880	621,430	906,318	508,145	1,298,036	31.00
31.01	03101	PEDIATRIC ICU	54,561	46,009	65,162	20,796	53,123	31.01
31.02	03102	NEONATAL ICU	188,560	42,942	225,193	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	462,414	123,305	552,253	938,262	2,396,755	40.00
41.00	04100	SUBPROVIDER - I RF	194,928	137,414	232,799	192,088	490,681	41.00
43.00	04300	NURSERY	40,996	0	48,961	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	235,096	141,095	280,771	263,497	673,094	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	969,902	201,213	1,158,337	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	152,180	0	181,745	0	0	50.01
51.00	05100	RECOVERY ROOM	502,062	211,029	599,604	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,326	375,435	278,657	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	398,287	285,257	475,667	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	26,224	0	31,318	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	55,759	0	66,592	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	420,167	0	501,799	0	0	55.00
56.00	05600	RADIOISOTOPE	53,733	0	64,173	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	140,755	11,656	168,101	0	0	58.00
60.00	06000	LABORATORY	443,722	1,227	529,929	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	12,050	0	14,392	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	121,419	23,925	145,009	0	0	65.00
65.02	06502	DIALYSIS	35,499	17,177	42,396	0	0	65.02
65.03	03330	ENDOSCOPY	276,691	52,144	330,447	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	237,897	0	284,117	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	12,015	0	14,349	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	69,351	31,286	82,825	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	2,454	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,984	4,908	15,507	0	0	70.00
70.01	03950 NUTRITION SUPPORT	10,562	0	12,614	0	0	70.01
70.03	03952 CARDIAC CATH LAB	263,901	297,526	315,172	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	26,787	1,840	31,992	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	31,421	17,790	37,525	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	23,343	0	27,878	0	0	90.00
90.01	09001 ANTI COAG CLINIC	29,351	0	35,053	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	13,090	0	15,633	0	0	90.02
90.03	09003 RHEUMATOLOGY	12,737	0	15,212	0	0	90.03
91.00	09100 EMERGENCY	622,010	1,051,462	742,856	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	8,633	0	10,310	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	58,367	0	69,706	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	179,161	1,227	213,968	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	11,340,792	6,130,872	13,175,076	5,976,674	10,463,891	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,613	0	44,921	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	170,070	0	203,112	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	141,583	0	169,090	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	9,963	0	11,898	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	17,732	0	21,177	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	41,190	0	49,192	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966 FITNESS	8,914	0	10,646	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	33,121	0	39,556	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	93,170	3,681	111,271	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	28,294	0	33,791	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	51,117	0	61,048	0	0	194.29
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)	11,973,559	6,134,553	13,930,778	5,976,674	10,463,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	1,880,356					10.02
10.03	01003	PREADMITS AND ER	69,260	557,187				10.03
11.00	01100	CAFETERIA	1,811,096	0	1,811,096			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	6,278,624	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	85,076	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	9,529	0	59,594	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	30,627	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	6,125	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	557,187	460,089	0	2,877,525	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	187,167	0	1,170,591	31.00
31.01	03101	PEDIATRIC ICU	0	0	8,167	0	51,080	31.01
31.02	03102	NEONATAL ICU	0	0	32,669	0	204,321	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	72,144	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	27,224	0	0	41.00
43.00	04300	NURSERY	0	0	28,586	0	178,781	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	35,392	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	129,996	0	685,328	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	26,544	0	166,011	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,529	0	59,594	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	104,814	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	4,257	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,209	0	21,283	55.00
56.00	05600	RADIOISOTOPE	0	0	2,722	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	7,487	0	0	58.00
60.00	06000	LABORATORY	0	0	88,479	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	9,529	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	58,532	0	0	65.00
65.02	06502	DIALYSIS	0	0	1,361	0	8,513	65.02
65.03	03330	ENDOSCOPY	0	0	34,030	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		10.02	10.03	11.00	12.00	13.00		
66.00	06600	PHYSICAL THERAPY	0	0	72,144	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,764	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	19,057	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	6,806	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,722	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	9,529	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	32,669	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	3,403	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	6,806	0	42,567	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	12,932	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	29,797	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	110,939	0	659,788	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	3,403	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	31,989	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,880,356	557,187	1,783,190	0	6,219,030	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	1,361	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	681	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	1,361	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	2,042	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	9,529	0	59,594	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	3,403	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	9,529	0	0	194.29
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)	1,880,356	557,187	1,811,096	0	6,278,624	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	661,145				14.00
15.00	01500	PHARMACY	0	23,188,734			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0		15.01
15.02	01502	I V SOLUTIONS	0	0	3,609,272		15.02
15.03	01503	MED SURG SUPPLY	607,746	0	0	95,405,311	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,464	730	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	250	0	0	31.01
31.02	03102	NEONATAL ICU	0	4	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	1	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,924	1,853	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	9	671	0	0	50.01
51.00	05100	RECOVERY ROOM	0	10	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	1,430	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	97	0	0	55.00
56.00	05600	RADIOISOTOPE	0	3	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	8	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	97	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,530	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	46	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	0	92	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	20	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	36	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	141	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	26	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	47,931,628	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	3,609,272	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	47,473,683	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,157,825	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,590	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	0	1,097	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	1	107	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	886	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	1,251,065	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	661,145	17,424,657	0	3,609,272	95,405,311	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	113	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	16,916	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	314	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	107	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	5,746,627	0	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	661,145	23,188,734	0	3,609,272	95,405,311	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	665,304					16.00
17.00	01700	SOCIAL SERVICE	0	7,872,226				17.00
17.01	01701	REHAB ADMIN	0	0	1,845,955			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,823	4,323,425	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	725	1,539,020	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	181	351,889	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	355,825	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	181	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	181	92,105	256,772	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	116,532	0	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	21,657	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,808	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,634	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	725	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,084	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,699	0	0	0	0	58.00
60.00	06000	LABORATORY	2,628	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,602	0	0	0	0	65.00
65.02	06502	DIALYSIS	181	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	77,749	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	5,890	0	622,825	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	365,130	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	365,684	0	68.00
68.01	06801	NEURO REHAB	4,168	0	235,544	0	68.01
69.00	06900	ELECTROCARDIOLOGY	14,770	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,178	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	87,626	118,871	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1,722	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	181	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	362	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	2,628	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,893	1,042,283	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,903	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,890	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	29,631	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	656,424	7,872,226	1,845,955	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	8,880	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	665,304	7,872,226	1,845,955	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS ANDER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 REHAB ADMIN						17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	4,672,507					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			119,100			23.00
23.01 02301 PARAMED RADIOLOGY				0		23.01
23.02 02302 PARAMED PHARMACY					1,318,973	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,941,894	0	0	0	42	30.00
31.00 03100 INTENSIVE CARE UNIT	987,768	0	0	0	2	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	14	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	256,988	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	383,613	0	0	0	105	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	38	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	128,494	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	81	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	119,100	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	6	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
			21.00	22.00					
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	3	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	0	5	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	1	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	0	66.02
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
68.01	06801	NEURO REHAB	0	0	0	0	0	2	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	8	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	0	1	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	0	71.01
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	919,069	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	0	62	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	973,750	0	0	0	0	6	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	50	95.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	71,159	101.00
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,672,507	0	119,100	0	0	991,121	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	6	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	962	194.15
194.16	07966	FITNESS	0	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	18	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	6	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	0	326,860	194.29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,672,507	0	119,100	0	1,318,973	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	121,577,842	-1,941,894	119,635,948	30.00
31.00	03100	INTENSIVE CARE UNIT	45,221,770	-987,768	44,234,002	31.00
31.01	03101	PEDIATRIC ICU	2,759,906	0	2,759,906	31.01
31.02	03102	NEONATAL ICU	9,040,093	0	9,040,093	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	17,908,335	0	17,908,335	40.00
41.00	04100	SUBPROVIDER - I RF	8,313,364	0	8,313,364	41.00
43.00	04300	NURSERY	6,280,987	-256,988	6,023,999	43.00
44.00	04400	SKILLED NURSING FACILITY	7,566,210	0	7,566,210	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,389,458	-383,613	40,005,845	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,626,270	0	5,626,270	50.01
51.00	05100	RECOVERY ROOM	14,491,743	0	14,491,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,002,409	-128,494	1,873,915	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,293,523	0	32,293,523	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	578,714	0	578,714	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	516,537	0	516,537	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	15,766,816	0	15,766,816	55.00
56.00	05600	RADIOISOTOPE	980,709	0	980,709	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,653,039	0	2,653,039	58.00
60.00	06000	LABORATORY	40,153,585	0	40,153,585	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,777,621	0	4,777,621	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,490,851	0	4,490,851	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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	
65.00	06500	RESPIRATORY THERAPY	9,294,902	0	9,294,902	65.00
65.02	06502	DIALYSIS	3,778,003	0	3,778,003	65.02
65.03	03330	ENDOSCOPY	11,585,094	0	11,585,094	65.03
66.00	06600	PHYSICAL THERAPY	8,736,554	0	8,736,554	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,059,951	0	6,059,951	67.00
68.00	06800	SPEECH PATHOLOGY	1,983,930	0	1,983,930	68.00
68.01	06801	NEURO REHAB	3,903,800	0	3,903,800	68.01
69.00	06900	ELECTROCARDIOLOGY	2,501,927	0	2,501,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,185,109	0	1,185,109	70.00
70.01	03950	NUTRITION SUPPORT	1,565,136	0	1,565,136	70.01
70.03	03952	CARDIAC CATH LAB	13,310,689	0	13,310,689	70.03
70.04	03953	CARDIAC REHA SERVICES	638,563	0	638,563	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,176,321	0	48,176,321	71.00
71.01	07101	COST OF SOLUTIONS	3,765,129	0	3,765,129	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,783,058	0	47,783,058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,817,208	0	101,817,208	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,917,896	0	2,917,896	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,607,078	0	1,607,078	90.00
90.01	09001	ANTI COAG CLINIC	1,791,019	0	1,791,019	90.01
90.02	09002	INFECTIOUS DISEASES	88,644	0	88,644	90.02
90.03	09003	RHEUMATOLOGY	67,334	0	67,334	90.03
91.00	09100	EMERGENCY	31,748,269	-973,750	30,774,519	91.00
91.01	09101	PARTIAL HOSPITALIZATION	666,466	0	666,466	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,489,128	0	9,489,128	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	21,003,017	0	21,003,017	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	14,397,864	0	14,397,864	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	733,251,871	-4,672,507	728,579,364	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	299,688	0	299,688	190.00
194.00	07950	NON ALLOWABLE	1,165,110	0	1,165,110	194.00
194.01	07951	TELEVISION	338	0	338	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	900,564	0	900,564	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,937,893	0	1,937,893	194.05
194.06	07956	STUCKY RESEARCH CTR	7,627,494	0	7,627,494	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	136,294	0	136,294	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	2,424,357	0	2,424,357	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	786,877	0	786,877	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	3,479,109	0	3,479,109	194.15
194.16	07966	FITNESS	358,954	0	358,954	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	160,974	0	160,974	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	497,507	0	497,507	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	370,590	0	370,590	194.23
194.24	07974	START-UP COSTS ORTHO	13,754	0	13,754	194.24
194.25	07975	PREMIER SURGERY CENTER	3,837,116	0	3,837,116	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	44,632	0	44,632	194.28
194.29	07978	OUTPATIENT PHARMACY	33,417,539	0	33,417,539	194.29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
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)	790,710,661	-4,672,507	786,038,154	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	550,323	96,519	646,842	4.00
5.01 00540	COMMUNICATIONS	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	136,796	0	136,796	5.02
5.03 00560	MATERIALS MANAGEMENT	0	44,321	0	44,321	5.03
5.04 00570	PATIENT SERVICES	0	84,646	13,657	98,303	5.04
5.05 00580	PATIENT ACCOUNTING	0	5,616	0	5,616	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	28,455,842	1,848,124	1,342,701	31,646,667	5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,480	0	1,480	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	2,098,076	99,649	2,197,725	7.00
7.01 00701	FACILITY ENGINEERING	0	1,864,264	640,961	2,505,225	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	24,969	0	24,969	8.00
9.00 00900	HOUSEKEEPING	0	418,737	61,526	480,263	9.00
10.00 01000	DIETARY	0	793,900	702,810	1,496,710	10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10.01
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	61,992	580,261	642,253	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	177,197	0	177,197	14.00
15.00 01500	PHARMACY	0	242,553	2,297,078	2,539,631	15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	15.01
15.02 01502	IV SOLUTIONS	0	113,497	996	114,493	15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	180,118	0	180,118	16.00
17.00 01700	SOCIAL SERVICE	0	99,280	11,842	111,122	17.00
17.01 01701	REHAB ADMIN	0	0	0	0	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	3,365	0	3,365	23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	0	3,795	0	3,795	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,555,378	1,682,934	5,238,312	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,089,704	1,479,218	2,568,922	31.00
31.01 03101	PEDIATRIC ICU	0	78,346	93,189	171,535	31.01
31.02 03102	NEONATAL ICU	0	270,760	158,302	429,062	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I PF	0	663,997	47,711	711,708	40.00
41.00 04100	SUBPROVIDER - I RF	0	279,905	5,297	285,202	41.00
43.00 04300	NURSERY	0	58,867	0	58,867	43.00
44.00 04400	SKILLED NURSING FACILITY	0	337,583	6,784	344,367	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,392,718	3,859,950	5,252,668	50.00
50.01 05001	PARKVIEW PREMIER SURGERY	0	218,520	238,218	456,738	50.01
51.00 05100	RECOVERY ROOM	0	720,929	130,685	851,614	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	335,041	0	335,041	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	571,914	3,874,798	4,446,712	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	0	37,655	55,353	93,008	54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	0	80,067	23,975	104,042	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	0	603,334	2,462,532	3,065,866	55.00
56.00 05600	RADIOISOTOPE	0	77,157	6,222	83,379	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	202,115	75,882	277,997	58.00
60.00 06000	LABORATORY	0	637,156	2,149,800	2,786,956	60.00
60.01 06001	ANATOMICAL PATHOLOGY	0	17,304	127,333	144,637	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP					
				0	1.00	2.00				2A
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30		
65.00	06500	RESPIRATORY THERAPY	0	174,351	369,352	543,703	10,483	65.00		
65.02	06502	DIALYSIS	0	50,975	14,951	65,926	104	65.02		
65.03	03330	ENDOSCOPY	0	397,310	1,188,386	1,585,696	6,426	65.03		
66.00	06600	PHYSICAL THERAPY	0	341,605	116,820	458,425	7,887	66.00		
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01		
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02		
67.00	06700	OCCUPATIONAL THERAPY	0	17,253	0	17,253	7,124	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,053	68.00		
68.01	06801	NEURO REHAB	0	99,584	30,909	130,493	4,008	68.01		
69.00	06900	ELECTROCARDIOLOGY	0	0	36,234	36,234	2,345	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,644	24,831	43,475	1,135	70.00		
70.01	03950	NUTRITION SUPPORT	0	15,166	659	15,825	1,705	70.01		
70.03	03952	CARDIAC CATH LAB	0	378,944	1,326,529	1,705,473	8,071	70.03		
70.04	03953	CARDIAC REHA SERVICES	0	38,465	22,047	60,512	534	70.04		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00		
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	45,118	27,763	72,881	1,469	76.98		
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	33,519	0	33,519	2,883	90.00		
90.01	09001	ANTI COAG CLINIC	0	42,146	2,161	44,307	1,569	90.01		
90.02	09002	INFECTIOUS DISEASES	0	18,796	0	18,796	23	90.02		
90.03	09003	RHEUMATOLOGY	0	18,290	0	18,290	0	90.03		
91.00	09100	EMERGENCY	0	893,167	774,070	1,667,237	24,365	91.00		
91.01	09101	PARTIAL HOSPITALIZATION	0	12,396	0	12,396	715	91.01		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	83,811	139,403	223,214	3,269	95.00		
99.10	09910	CORF	0	0	0	0	0	99.10		
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20		
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30		
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40		
101.00	10100	HOME HEALTH AGENCY	0	257,263	51,191	308,454	16,561	101.00		
SPECIAL PURPOSE COST CENTERS										
116.00	11600	HOSPICE	0	0	0	0	9,945	116.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,455,842	22,918,302	26,451,489	77,825,633	633,219	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,010	2,436	56,446	14	190.00		
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00		
194.01	07951	TELEVISION	0	0	0	0	0	194.01		
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02		
194.03	07953	OP CLINIC	0	244,210	0	244,210	1	194.03		
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04		
194.05	07955	EDUCARE CTR	0	203,304	2,820	206,124	231	194.05		
194.06	07956	STUCKY RESEARCH CTR	0	14,306	224,278	238,584	7,613	194.06		
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07		
194.08	07958	FOUNDATION	0	25,462	0	25,462	1	194.08		
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09		
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10		
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11		
194.12	07962	GUEST SERVICES	0	0	0	0	153	194.12		
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13		
194.14	07964	SENIOR HEALTH SERVICES	0	59,146	168	59,314	267	194.14		
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	5,696	5,696	2,209	194.15		
194.16	07966	FITNESS	0	12,801	0	12,801	384	194.16		
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17		
194.18	07968	BREAST DIAGNOSTIC CTR	0	47,559	0	47,559	0	194.18		
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19		
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20		
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	133,786	840	134,626	0	194.21		
194.22	07972	EBT	0	0	0	0	0	194.22		
194.23	07973	MEDICAL OFFICE BUILDINGS	0	40,628	0	40,628	547	194.23		
194.24	07974	START-UP COSTS ORTHO	0	0	9,999	9,999	0	194.24		
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25		
194.26	07976	ISH	0	0	0	0	0	194.26		
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	2A	4.00		
194.28 07979 RWJ FOUNDATION	0	0	0	0	14	194.28	
194.29 07978 OUTPATIENT PHARMACY	0	73,401	3,771	77,172	2,189	194.29	
200.00 Cross Foot Adjustments				0		200.00	
201.00 Negative Cost Centers		0	0	0	0	201.00	
202.00 TOTAL (sum lines 118 through 201)	28,455,842	23,826,915	26,701,497	78,984,254	646,842	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	136,796				5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	44,321			5.03
5.04	00570	PATIENT SERVICES	0	1,403	13	105,050		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	5,616	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	0	2,489	498	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	523	61	0	0	7.00
7.01	00701	FACILITY ENGINEERING	0	2,035	210	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	276	0	0	8.00
9.00	00900	HOUSEKEEPING	0	7,303	396	0	0	9.00
10.00	01000	DIETARY	0	7,289	398	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	880	30	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	4,483	413	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	509	81	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	26,084	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,609	5	0	0	17.00
17.01	01701	REHAB ADMIN	0	330	3	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	26,895	1,695	15,062	675	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,847	719	5,865	202	31.00
31.01	03101	PEDIATRIC ICU	0	440	18	219	8	31.01
31.02	03102	NEONATAL ICU	0	1,705	149	1,855	64	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	3,796	63	1,663	57	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,430	99	847	29	41.00
43.00	04300	NURSERY	0	0	0	366	13	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,870	67	444	15	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,835	2,129	14,377	870	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	908	187	10	121	50.01
51.00	05100	RECOVERY ROOM	0	1,403	115	2,381	199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	509	3	213	7	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,914	2,188	8,995	-839	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	165	2	0	2	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	41	11	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,090	108	136	205	55.00
56.00	05600	RADIOISOTOPE	0	165	36	242	14	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	385	29	717	46	58.00
60.00	06000	LABORATORY	0	11,415	5,046	7,743	592	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	495	385	506	38	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	689	27	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,081	67	2,484	92	65.00
65.02	06502	DIALYSIS	0	55	5	394	14	65.02
65.03	03330	ENDOSCOPY	0	1,774	537	1,516	251	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
66.00	06600	PHYSICAL THERAPY	0	3,809	24	903	43	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	248	0	849	30	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	283	11	68.00
68.01	06801	NEURO REHAB	0	1,018	17	1	22	68.01
69.00	06900	ELECTROCARDIOLOGY	0	371	100	600	81	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	138	23	237	19	70.00
70.01	03950	NUTRITION SUPPORT	0	495	46	27	1	70.01
70.03	03952	CARDIAC CATH LAB	0	1,719	96	4,588	328	70.03
70.04	03953	CARDIAC REHA SERVICES	0	165	8	0	4	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,014	355	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	3,256	145	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,451	364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,892	878	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	358	23	328	26	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	688	0	17	3	90.00
90.01	09001	ANTI COAG CLINIC	0	248	111	1	8	90.01
90.02	09002	INFECTIOUS DISEASES	0	14	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	6,959	711	4,878	483	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	179	2	0	4	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	743	463	1	32	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	6,615	430	0	49	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	28	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	133,838	44,180	105,050	5,616	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	55	11	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,527	28	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	83	20	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	96	4	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	495	37	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	1	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	193	17	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	509	13	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	136,796	44,321	105,050	5,616	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN	0					5.06
5.07	00590	OTHER A&G	0	31,816,025				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	82	1,562			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	593,608	0	0	2,793,735	7.00
7.01	00701	FACILITY ENGINEERING	0	423,716	0	0	273,291	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	245,361	0	0	3,660	8.00
9.00	00900	HOUSEKEEPING	0	535,712	0	0	61,385	9.00
10.00	01000	DIETARY	0	166,942	0	0	116,382	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	421,039	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	246,893	0	0	9,088	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,188	0	0	25,976	14.00
15.00	01500	PHARMACY	0	907,161	0	0	35,557	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	131,932	0	0	16,638	15.02
15.03	01503	MED SURG SUPPLY	0	3,814,327	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,085	0	0	26,404	16.00
17.00	01700	SOCIAL SERVICE	0	306,328	0	0	14,554	17.00
17.01	01701	REHAB ADMIN	0	74,030	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	188,009	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	4,481	0	0	493	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	52,720	0	0	556	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,762,138	0	0	521,201	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,464,644	0	0	159,745	31.00
31.01	03101	PEDIATRIC ICU	0	82,407	0	0	11,485	31.01
31.02	03102	NEONATAL ICU	0	313,086	0	0	39,692	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	517,010	0	0	97,339	40.00
41.00	04100	SUBPROVIDER - IRF	0	260,436	0	0	41,033	41.00
43.00	04300	NURSERY	0	228,593	0	0	8,630	43.00
44.00	04400	SKILLED NURSING FACILITY	0	228,384	0	0	49,488	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,433,316	0	0	204,165	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	206,033	1,562	0	32,034	50.01
51.00	05100	RECOVERY ROOM	0	499,214	0	0	105,684	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,513	0	0	49,115	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,222,677	0	0	83,840	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	19,769	0	0	5,520	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	13,196	0	0	11,737	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	577,253	0	0	88,446	55.00
56.00	05600	RADIOISOTOPE	0	32,120	0	0	11,311	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	86,908	0	0	29,629	58.00
60.00	06000	LABORATORY	0	1,548,142	0	0	93,404	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	190,248	0	0	2,537	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	180,422	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	354,105	0	0	25,559	65.00
65.02	06502	DIALYSIS	0	146,199	0	0	7,473	65.02
65.03	03330	ENDOSCOPY	0	422,749	0	0	58,244	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	0	291,689	0	0	50,078	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	227,355	0	0	2,529	67.00
68.00	06800	SPEECH PATHOLOGY	0	65,114	0	0	0	68.00
68.01	06801	NEURO REHAB	0	136,181	0	0	14,598	68.01
69.00	06900	ELECTROCARDIOLOGY	0	99,704	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,604	0	0	2,733	70.00
70.01	03950	NUTRITION SUPPORT	0	61,183	0	0	2,223	70.01
70.03	03952	CARDIAC CATH LAB	0	478,887	0	0	55,551	70.03
70.04	03953	CARDIAC REHA SERVICES	0	21,851	0	0	5,639	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,846	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	6,271	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,448	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,409,725	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	110,519	0	0	6,614	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	60,957	0	0	4,914	90.00
90.01	09001	ANTI COAG CLINIC	0	66,810	0	0	6,178	90.01
90.02	09002	INFECTIOUS DISEASES	0	1,826	0	0	2,755	90.02
90.03	09003	RHEUMATOLOGY	0	1,015	0	0	2,681	90.03
91.00	09100	EMERGENCY	0	1,040,086	0	0	130,934	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	25,455	0	0	1,817	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	372,492	0	0	12,286	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	766,829	0	0	37,713	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	579,332	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	29,837,355	1,562	0	2,660,538	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,055	0	0	7,918	190.00
194.00	07950	NON ALLOWABLE	0	46,881	0	0	0	194.00
194.01	07951	TELEVISION	0	14	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	13,614	0	0	35,800	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	59,088	0	0	29,803	194.05
194.06	07956	STUCKY RESEARCH CTR	0	305,553	0	0	2,097	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	3,125	0	0	3,733	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	97,495	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	26,101	0	0	8,670	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	136,489	0	0	0	194.15
194.16	07966	FITNESS	0	13,258	0	0	1,876	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	2,058	0	0	6,972	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	7,477	0	0	19,612	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	11,006	0	0	5,956	194.23
194.24	07974	START-UP COSTS ORTHO	0	553	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	154,038	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	1,796	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	1,093,069	0	0	10,760	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	31,816,025	1,562	0	2,793,735	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	3,210,466					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,662	278,928				8.00
9.00	00900	HOUSEKEEPING	78,190	56	1,176,309			9.00
10.00	01000	DIETARY	148,243	0	55,755	1,998,807		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	427,611	10.01
10.02	01002	CAFETERIA	0	0	0	628,856	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	45,908	14,330	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,576	0	4,354	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,088	0	12,444	0	0	14.00
15.00	01500	PHARMACY	45,291	0	17,034	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	21,193	0	7,971	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	33,633	0	12,650	0	0	16.00
17.00	01700	SOCIAL SERVICE	18,538	0	6,972	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	628	0	236	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	709	0	266	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	663,895	110,484	249,692	680,996	212,563	30.00
31.00	03100	INTENSIVE CARE UNIT	203,478	28,255	76,529	169,941	53,045	31.00
31.01	03101	PEDIATRIC ICU	14,629	2,092	5,502	6,955	2,171	31.01
31.02	03102	NEONATAL ICU	50,558	1,952	19,015	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	123,987	5,606	46,632	313,787	97,944	40.00
41.00	04100	SUBPROVIDER - IRF	52,266	6,248	19,657	64,241	20,052	41.00
43.00	04300	NURSERY	10,992	0	4,134	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	63,036	6,415	23,708	88,123	27,506	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	260,060	9,149	97,809	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	40,804	0	15,346	0	0	50.01
51.00	05100	RECOVERY ROOM	134,618	9,595	50,630	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,561	17,070	23,530	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,792	12,970	40,165	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	7,031	0	2,645	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	14,951	0	5,623	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	112,659	0	42,372	0	0	55.00
56.00	05600	RADIOISOTOPE	14,407	0	5,419	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,740	530	14,194	0	0	58.00
60.00	06000	LABORATORY	118,975	56	44,747	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,231	0	1,215	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	32,556	1,088	12,245	0	0	65.00
65.02	06502	DIALYSIS	9,518	781	3,580	0	0	65.02
65.03	03330	ENDOSCOPY	74,189	2,371	27,903	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	63,787	0	23,991	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	3,222	0	1,212	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	18,595	1,423	6,994	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	112	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,481	223	1,309	0	0	70.00
70.01	03950 NUTRITION SUPPORT	2,832	0	1,065	0	0	70.01
70.03	03952 CARDIAC CATH LAB	70,760	13,528	26,613	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	7,182	84	2,701	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	8,425	809	3,169	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,259	0	2,354	0	0	90.00
90.01	09001 ANTI COAG CLINIC	7,870	0	2,960	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	3,510	0	1,320	0	0	90.02
90.03	09003 RHEUMATOLOGY	3,415	0	1,285	0	0	90.03
91.00	09100 EMERGENCY	166,779	47,808	62,726	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	2,315	0	871	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	15,650	0	5,886	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	48,038	56	18,067	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,040,804	278,761	1,112,497	1,998,807	427,611	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,085	0	3,793	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	45,601	0	17,151	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	37,962	0	14,278	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	2,671	0	1,005	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	4,754	0	1,788	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	11,044	0	4,154	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966 FITNESS	2,390	0	899	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	8,881	0	3,340	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	24,982	167	9,396	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	7,586	0	2,853	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	13,706	0	5,155	0	0	194.29
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)	3,210,466	278,928	1,176,309	1,998,807	427,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	628,856					10.02
10.03	01003	PREADMITS AND ER	23,163	83,401				10.03
11.00	01100	CAFETERIA	605,693	0	605,693			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	920,770	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	28,452	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	3,187	0	8,740	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	10,243	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	2,049	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	83,401	153,870	0	421,991	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	62,595	0	171,669	31.00
31.01	03101	PEDIATRIC ICU	0	0	2,731	0	7,491	31.01
31.02	03102	NEONATAL ICU	0	0	10,926	0	29,964	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	24,128	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,105	0	0	41.00
43.00	04300	NURSERY	0	0	9,560	0	26,219	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	11,836	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	43,475	0	100,504	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	8,877	0	24,346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,187	0	8,740	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	35,053	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	624	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,414	0	3,121	55.00
56.00	05600	RADIOISOTOPE	0	0	910	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,504	0	0	58.00
60.00	06000	LABORATORY	0	0	29,590	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	3,187	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	19,575	0	0	65.00
65.02	06502	DIALYSIS	0	0	455	0	1,249	65.02
65.03	03330	ENDOSCOPY	0	0	11,381	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center	Description	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		10.02	10.03	11.00	12.00	13.00		
66.00	06600	PHYSICAL THERAPY	0	0	24,128	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,593	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	6,373	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	2,276	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	910	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	3,187	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	10,926	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	1,138	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,276	0	6,243	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	4,325	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	4,370	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	37,102	0	96,759	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	1,138	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	10,698	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	628,856	83,401	596,360	0	912,030	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	455	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	228	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	455	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	683	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	3,187	0	8,740	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	1,138	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	3,187	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	628,856	83,401	605,693	0	920,770	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY
			14.00	15.00	15.01	15.02	15.03
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	258,893				14.00
15.00	01500	PHARMACY	0	3,600,830			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0		15.01
15.02	01502	I V SOLUTIONS	0	0	0	305,886	15.02
15.03	01503	MED SURG SUPPLY	237,984	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,097	113	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	39	0	0	31.01
31.02	03102	NEONATAL ICU	0	1	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,808	288	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	4	104	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	222	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	1	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	15	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,014	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
65.03	03330	0	14	0	0	0	65.03
66.00	06600	0	3	0	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	03650	0	0	0	0	0	66.02
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	6	0	0	0	68.01
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
70.01	03950	0	22	0	0	0	70.01
70.03	03952	0	4	0	0	0	70.03
70.04	03953	0	0	0	0	0	70.04
71.00	07100	0	0	0	0	2,048,986	71.00
71.01	07101	0	0	0	305,886	0	71.01
72.00	07200	0	0	0	0	2,029,409	72.00
73.00	07300	0	2,509,054	0	0	0	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	247	0	0	0	90.00
90.01	09001	0	170	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	0	17	0	0	0	91.00
91.01	09101	0	0	0	0	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	138	0	0	0	95.00
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	194,268	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		258,893	2,705,770	0	305,886	4,078,395	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	18	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	2,627	0	0	0	194.15
194.16	07966	0	0	0	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	0	49	0	0	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	0	0	0	0	0	194.21
194.22	07972	0	0	0	0	0	194.22
194.23	07973	0	17	0	0	0	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	0	0	0	0	0	194.25
194.26	07976	0	0	0	0	0	194.26
194.27	07977	0	0	0	0	0	194.27
194.28	07979	0	0	0	0	0	194.28
194.29	07978	0	892,349	0	0	0	194.29
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		258,893	3,600,830	0	305,886	4,078,395	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am		
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			16.00	17.00	17.01	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	OUTPATIENT PHARMACY					15.01
15.02	01502	IV SOLUTIONS					15.02
15.03	01503	MED SURG SUPPLY					15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	262,890				16.00
17.00	01700	SOCIAL SERVICE	0	476,331			17.00
17.01	01701	REHAB ADMIN	0	0	77,980		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,663	261,601	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	286	93,123	0	0	31.00
31.01	03101	PEDIATRIC ICU	72	21,292	0	0	31.01
31.02	03102	NEONATAL ICU	0	21,530	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	72	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	72	5,573	10,847	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,047	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	8,558	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,953	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,488	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	286	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	824	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,437	0	0	0	58.00
60.00	06000	LABORATORY	1,038	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,189	0	0	0	65.00
65.02	06502	DIALYSIS	72	0	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	30,722	0	0			65.03
66.00	06600	PHYSICAL THERAPY	2,327	0	26,311			66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0			66.01
66.02	03650	PV REHAB OUTREACH	0	0	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	15,424			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	15,448			68.00
68.01	06801	NEURO REHAB	1,647	0	9,950			68.01
69.00	06900	ELECTROCARDIOLOGY	5,836	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	465	0	0			70.00
70.01	03950	NUTRITION SUPPORT	0	0	0			70.01
70.03	03952	CARDIAC CATH LAB	34,625	7,193	0			70.03
70.04	03953	CARDIAC REHA SERVICES	680	0	0			70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
71.01	07101	COST OF SOLUTIONS	0	0	0			71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	72	0	0			76.98
76.99	07699	LITHOTRIpsy	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	143	0	0			90.00
90.01	09001	ANTICOAG CLINIC	1,038	0	0			90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0			90.02
90.03	09003	RHEUMATOLOGY	0	0	0			90.03
91.00	09100	EMERGENCY	1,934	63,066	0			91.00
91.01	09101	PARTIAL HOSPITALIZATION	752	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,327	0	0			95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	11,709	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	259,381	476,331	77,980	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950	NON ALLOWABLE	0	0	0			194.00
194.01	07951	TELEVISION	0	0	0			194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0			194.02
194.03	07953	OP CLINIC	0	0	0			194.03
194.04	07954	PARK CENTER CLINIC	0	0	0			194.04
194.05	07955	EDUCARE CTR	0	0	0			194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0			194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0			194.07
194.08	07958	FOUNDATION	0	0	0			194.08
194.09	07959	LV HEALTH PLAN	0	0	0			194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0			194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0			194.11
194.12	07962	GUEST SERVICES	0	0	0			194.12
194.13	07963	HUNTINGTON ARC	0	0	0			194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0			194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0			194.15
194.16	07966	FITNESS	0	0	0			194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0			194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0			194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0			194.19
194.20	07970	START-UP COSTS NORTH	0	0	0			194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0			194.21
194.22	07972	EBT	0	0	0			194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0			194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0			194.24
194.25	07975	PREMIER SURGERY CENTER	3,509	0	0			194.25
194.26	07976	ISH	0	0	0			194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0			194.27
194.28	07979	RWJ FOUNDATION	0	0	0			194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0			194.29
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	262,890	476,331	77,980	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS ANDER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	188,014				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			9,344		23.00
23.01 02301	PARAMED ED RADIOLOGY				0	23.01
23.02 02302	PARAMED ED PHARMACY					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	PARKVIEW PREMIER SURGERY					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
65.00 06500 RESPIRATORY THERAPY						65.00
65.02 06502 DIALYSIS						65.02
65.03 03330 ENDOSCOPY						65.03
66.00 06600 PHYSICAL THERAPY						66.00
66.01 06601 TRANSITIONAL THERAPY						66.01
66.02 03650 PV REHAB OUTREACH						66.02
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
68.01 06801 NEURO REHAB						68.01
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
70.01 03950 NUTRITION SUPPORT						70.01
70.03 03952 CARDIAC CATH LAB						70.03
70.04 03953 CARDIAC REHA SERVICES						70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
71.01 07101 COST OF SOLUTIONS						71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98
76.99 07699 LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00
90.01 09001 ANTI COAG CLINIC						90.01
90.02 09002 INFECTIOUS DISEASES						90.02
90.03 09003 RHEUMATOLOGY						90.03
91.00 09100 EMERGENCY						91.00
91.01 09101 PARTIAL HOSPITALIZATION						91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
99.10 09910 CORF						99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 NON ALLOWABLE						194.00
194.01 07951 TELEVISION						194.01
194.02 07952 PHYSICIAN PRACTICES						194.02
194.03 07953 OP CLINIC						194.03
194.04 07954 PARK CENTER CLINIC						194.04
194.05 07955 EDUCARE CTR						194.05
194.06 07956 STUCKY RESEARCH CTR						194.06
194.07 07957 OCCUPATIONAL HEALTH						194.07
194.08 07958 FOUNDATION						194.08
194.09 07959 LV HEALTH PLAN						194.09
194.10 07960 PV RESPIRATORY OUTREACH						194.10
194.11 07961 OUTREACH TRANSCRIPTION						194.11
194.12 07962 GUEST SERVICES						194.12
194.13 07963 HUNTINGTON ARC						194.13
194.14 07964 SENIOR HEALTH SERVICES						194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16 07966 FITNESS						194.16
194.17 07967 NONALLOWABLE ADVERTISING						194.17
194.18 07968 BREAST DIAGNOSTIC CTR						194.18
194.19 07969 REGIONAL PAIN CLINIC						194.19
194.20 07970 START-UP COSTS NORTH						194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM						194.21
194.22 07972 EBT						194.22
194.23 07973 MEDICAL OFFICE BUILDINGS						194.23
194.24 07974 START-UP COSTS ORTHO						194.24
194.25 07975 PREMIER SURGERY CENTER						194.25
194.26 07976 ISH						194.26
194.27 07977 MCHA BRYAN HOPD						194.27
194.28 07979 RWJ FOUNDATION						194.28
194.29 07978 OUTPATIENT PHARMACY						194.29

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am	
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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
200.00	Cross Foot Adjustments	188,014	0	9,344	0	59,710	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	188,014	0	9,344	0	59,710	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
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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	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS AND ER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,521,898	0	12,521,898	30.00
31.00	03100	INTENSIVE CARE UNIT	5,106,916	0	5,106,916	31.00
31.01	03101	PEDIATRIC ICU	331,183	0	331,183	31.01
31.02	03102	NEONATAL ICU	926,743	0	926,743	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,956,725	0	1,956,725	40.00
41.00	04100	SUBPROVIDER - IRF	782,260	0	782,260	41.00
43.00	04300	NURSERY	353,487	0	353,487	43.00
44.00	04400	SKILLED NURSING FACILITY	851,183	0	851,183	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,510,729	0	7,510,729	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	757,186	0	757,186	50.01
51.00	05100	RECOVERY ROOM	1,704,873	0	1,704,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,604	0	527,604	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,065,808	0	6,065,808	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	128,875	0	128,875	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	150,384	0	150,384	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,906,323	0	3,906,323	55.00
56.00	05600	RADIOISOTOPE	149,604	0	149,604	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	455,840	0	455,840	58.00
60.00	06000	LABORATORY	4,681,367	0	4,681,367	60.00
60.01	06001	ANATOMICAL PATHOLOGY	348,502	0	348,502	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	182,158	0	182,158	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	1,009,234	0	1,009,234	65.00
65.02	06502	DIALYSIS	235,825	0	235,825	65.02
65.03	03330	ENDOSCOPY	2,223,773	0	2,223,773	65.03
66.00	06600	PHYSICAL THERAPY	953,405	0	953,405	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	276,839	0	276,839	67.00
68.00	06800	SPEECH PATHOLOGY	82,909	0	82,909	68.00
68.01	06801	NEURO REHAB	331,326	0	331,326	68.01
69.00	06900	ELECTROCARDIOLOGY	147,659	0	147,659	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,752	0	99,752	70.00
70.01	03950	NUTRITION SUPPORT	88,611	0	88,611	70.01
70.03	03952	CARDIAC CATH LAB	2,418,362	0	2,418,362	70.03
70.04	03953	CARDIAC REHA SERVICES	100,498	0	100,498	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,065,201	0	2,065,201	71.00
71.01	07101	COST OF SOLUTIONS	315,558	0	315,558	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,048,672	0	2,048,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,929,549	0	5,929,549	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	213,212	0	213,212	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	116,309	0	116,309	90.00
90.01	09001	ANTI COAG CLINIC	135,640	0	135,640	90.01
90.02	09002	INFECTIOUS DISEASES	28,244	0	28,244	90.02
90.03	09003	RHEUMATOLOGY	26,686	0	26,686	90.03
91.00	09100	EMERGENCY	3,351,844	0	3,351,844	91.00
91.01	09101	PARTIAL HOSPITALIZATION	45,644	0	45,644	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	647,199	0	647,199	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,408,789	0	1,408,789	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	589,305	0	589,305	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,289,693	0	74,289,693	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,321	0	85,321	190.00
194.00	07950	NON ALLOWABLE	46,881	0	46,881	194.00
194.01	07951	TELEVISION	14	0	14	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	356,377	0	356,377	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	348,007	0	348,007	194.05
194.06	07956	STUCKY RESEARCH CTR	559,324	0	559,324	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	38,863	0	38,863	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	98,206	0	98,206	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	110,333	0	110,333	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	159,480	0	159,480	194.15
194.16	07966	FITNESS	31,608	0	31,608	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	68,860	0	68,860	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	196,260	0	196,260	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	69,941	0	69,941	194.23
194.24	07974	START-UP COSTS ORTHO	10,552	0	10,552	194.24
194.25	07975	PREMIER SURGERY CENTER	157,547	0	157,547	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	1,810	0	1,810	194.28
194.29	07978	OUTPATIENT PHARMACY	2,098,109	0	2,098,109	194.29

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	257,068	0	257,068	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	78,984,254	0	78,984,254	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,883,734				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		15,445,148			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	43,508	55,830	326,321,576		4.00
5.01 00540	COMMUNICATIONS	0	0	0	8,596	5.01
5.02 00550	DATA PROCESSING	10,815	0	0	1,587	9,947 5.02
5.03 00560	MATERIALS MANAGEMENT	3,504	0	0	137	0 5.03
5.04 00570	PATIENT SERVICES	6,692	7,900	2,689,553	456	102 5.04
5.05 00580	PATIENT ACCOUNTING	444	0	0	278	0 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	926	0 5.06
5.07 00590	OTHER A&G	146,111	776,669	83,904,505	0	181 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	117	0	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	165,872	57,641	917,217	43	38 7.00
7.01 00701	FACILITY ENGINEERING	147,387	370,756	3,021,904	216	148 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	0	0	116	0 8.00
9.00 00900	HOUSEKEEPING	33,105	35,589	6,561,195	51	531 9.00
10.00 01000	DIETARY	62,765	406,532	3,576,159	70	530 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	3,316,063	0	0 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,901	335,645	2,873,818	16	64 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,009	0	0	56	0 14.00
15.00 01500	PHARMACY	19,176	1,328,716	11,507,316	141	326 15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0 15.01
15.02 01502	IV SOLUTIONS	8,973	576	576,095	0	37 15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	14,240	0	0	17	0 16.00
17.00 01700	SOCIAL SERVICE	7,849	6,850	3,511,396	62	117 17.00
17.01 01701	REHAB ADMIN	0	0	791,147	37	24 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,572	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	266	0	71,103	0	0 23.00
23.01 02301	PARAMED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED PHARMACY	300	0	839,671	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	281,085	973,472	46,192,907	1,379	1,956 30.00
31.00 03100	INTENSIVE CARE UNIT	86,151	855,635	19,195,784	234	716 31.00
31.01 03101	PEDIATRIC ICU	6,194	53,904	1,058,051	17	32 31.01
31.02 03102	NEONATAL ICU	21,406	91,568	3,624,372	145	124 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	52,495	27,598	6,525,339	255	276 40.00
41.00 04100	SUBPROVIDER - IRF	22,129	3,064	2,584,792	88	104 41.00
43.00 04300	NURSERY	4,654	0	3,084,366	1	0 43.00
44.00 04400	SKILLED NURSING FACILITY	26,689	3,924	2,988,357	44	136 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	110,107	2,232,740	11,215,192	172	497 50.00
50.01 05001	PARKVIEW PREMIER SURGERY	17,276	137,794	1,682,761	39	66 50.01
51.00 05100	RECOVERY ROOM	56,996	75,593	3,853,131	107	102 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	26,488	0	81,962	84	37 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	45,215	2,241,329	11,418,111	202	430 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	2,977	32,018	225,458	27	12 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	6,330	13,868	80,320	6	3 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	47,699	1,424,421	5,367,128	208	152 55.00
56.00 05600	RADIOISOTOPE	6,100	3,599	392,022	6	12 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	15,979	43,893	869,963	20	28 58.00
60.00 06000	LABORATORY	50,373	1,243,525	16,983,666	204	830 60.00
60.01 06001	ANATOMICAL PATHOLOGY	1,368	73,654	1,013,329	10	36 60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	2,873	3	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	13,784	213,647	5,289,230	67	224	65.00
65.02	06502	DIALYSIS	4,030	8,648	52,256	6	4	65.02
65.03	03330	ENDOSCOPY	31,411	687,407	3,242,361	14	129	65.03
66.00	06600	PHYSICAL THERAPY	27,007	67,573	3,979,133	50	277	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,364	0	3,594,540	1	18	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,035,713	1	0	68.00
68.01	06801	NEURO REHAB	7,873	17,879	2,022,010	20	74	68.01
69.00	06900	ELECTROCARDIOLOGY	0	20,959	1,183,142	5	27	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,474	14,363	572,900	1	10	70.00
70.01	03950	NUTRITION SUPPORT	1,199	381	860,071	12	36	70.01
70.03	03952	CARDIAC CATH LAB	29,959	767,314	4,072,100	165	125	70.03
70.04	03953	CARDIAC REHA SERVICES	3,041	12,753	269,476	16	12	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,567	16,059	741,029	0	26	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,650	0	1,454,748	10	50	90.00
90.01	09001	ANTI COAG CLINIC	3,332	1,250	791,733	13	18	90.01
90.02	09002	INFECTIOUS DISEASES	1,486	0	11,391	0	1	90.02
90.03	09003	RHEUMATOLOGY	1,446	0	0	0	0	90.03
91.00	09100	EMERGENCY	70,613	447,751	12,293,087	220	506	91.00
91.01	09101	PARTIAL HOSPITALIZATION	980	0	360,948	2	13	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,626	80,636	1,649,422	17	54	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	20,339	29,611	8,355,926	276	481	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	5,017,524	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,811,900	15,300,534	319,448,338	8,356	9,732	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,270	1,409	6,900	8	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	44	0	194.00
194.01	07951	TELEVISION	0	0	0	2	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	19,307	0	609	5	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	16,073	1,631	116,795	1	4	194.05
194.06	07956	STUCKY RESEARCH CTR	1,131	129,731	3,840,906	2	111	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	2,013	0	362	21	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	77,291	0	6	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	4,676	97	134,664	2	7	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	3,295	1,114,562	10	36	194.15
194.16	07966	FITNESS	1,012	0	193,756	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,760	0	0	8	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	10,577	486	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	3,212	0	275,934	11	14	194.23
194.24	07974	START-UP COSTS ORTHO	0	5,784	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	121	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	7,067	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	5,803	2,181	1,104,392	5	37	194.29
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)	23,826,915	26,701,497	28,080,709	1,055,265	331,614	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.648768	1.728795	0.086052	122.762331	33.338092	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			646,842	0	136,796	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001982	0.000000	13.752488	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	112,171,546				5.03
5.04	00570	PATIENT SERVICES	31,949	1,814,311,191			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	3,673,140,064		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	10,000	5.06
5.07	00590	OTHER A&G	1,261,060	0	0	10,000	-215,873,163
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	154,349	0	0	0	0
7.01	00701	FACILITY ENGINEERING	532,353	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	699,181	0	0	0	0
9.00	00900	HOUSEKEEPING	1,001,448	0	0	0	0
10.00	01000	DIETARY	1,007,182	0	0	0	0
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	76,533	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	1,046,294	0	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	205,438	0	0	0	0
15.03	01503	MED SURG SUPPLY	66,001,213	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	13,049	0	0	0	0
17.01	01701	REHAB ADMIN	6,951	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,291,809	262,804,154	337,691,579	0	0
31.00	03100	INTENSIVE CARE UNIT	1,819,511	101,121,606	101,121,606	0	0
31.01	03101	PEDIATRIC ICU	44,570	3,773,372	3,773,372	0	0
31.02	03102	NEONATAL ICU	378,431	31,979,807	31,979,807	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	158,877	28,664,913	28,664,913	0	0
41.00	04100	SUBPROVIDER - I RF	249,885	14,610,972	14,610,972	0	0
43.00	04300	NURSERY	0	6,304,588	6,304,588	0	0
44.00	04400	SKILLED NURSING FACILITY	170,409	7,657,436	7,657,436	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,388,804	247,879,603	434,961,483	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	474,620	175,054	60,656,083	0	0
51.00	05100	RECOVERY ROOM	291,846	41,044,803	99,705,002	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,997	3,670,588	3,670,588	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,538,697	155,077,737	443,752,105	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	5,730	7,883	1,231,023	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	26,877	0	83,069	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	272,845	2,349,744	102,346,611	0	0
56.00	05600	RADIOIOTOPE	90,260	4,179,197	6,981,099	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	74,014	12,353,851	23,170,318	0	0
60.00	06000	LABORATORY	12,774,667	133,499,848	296,178,177	0	0
60.01	06001	ANATOMICAL PATHOLOGY	973,685	8,728,679	19,055,639	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,877,055	13,696,210	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	168,810	42,822,091	46,121,027	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

Period:
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To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
65.02	06502	DIALYSIS	11,722	6,790,821	7,155,806	0	0 65.02
65.03	03330	ENDOSCOPY	1,359,175	26,142,441	125,435,041	0	0 65.03
66.00	06600	PHYSICAL THERAPY	60,900	15,561,979	21,277,320	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	1,247	14,632,782	15,054,984	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	4,882,262	5,281,779	0	0 68.00
68.01	06801	NEURO REHAB	43,271	13,272	10,845,757	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	252,859	10,337,865	40,542,283	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,423	4,087,626	9,470,528	0	0 70.00
70.01	03950	NUTRITION SUPPORT	117,310	466,516	545,894	0	0 70.01
70.03	03952	CARDIAC CATH LAB	242,347	79,100,912	163,924,730	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	21,015	1,953	2,080,813	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	103,690,546	177,709,033	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	56,141,743	72,519,428	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	111,232,336	181,988,593	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	170,559,466	438,862,632	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	58,957	5,650,320	13,155,337	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	292,710	1,603,329	0	0 90.00
90.01	09001	ANTI COAG CLINIC	281,855	18,471	4,127,518	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	116	0	9,492	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	0	873	0	0 90.03
91.00	09100	EMERGENCY	1,800,833	84,106,362	241,580,153	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	5,887	0	2,179,620	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,173,370	17,827	15,843,561	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	1,088,324	0	24,395,084	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	14,137,769	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,814,955	1,814,311,191	3,673,140,064	10,000	-215,873,163 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,928	0	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	27,922	0	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	71,651	0	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	9	0	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	51,162	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	9,990	0	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	92,560	0	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	2,060	0	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	310	0	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	42,189	0	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	33,810	0	0	0	0 194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
202.00	Cost to be allocated (per Wkst. B, Part I)	61,139	3,636,324	39,744	113,678		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000545	0.002004	0.000011	11.367800		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,321	105,050	5,616	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000395	0.000058	0.000002	0.000000		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: 15-0021

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590	574,837,498					5.07
5.08	00592	1,480	10,000				5.08
6.00	00600	0	0	0			6.00
7.00	00700	10,725,018	0	0	1,506,671		7.00
7.01	00701	7,655,484	0	0	147,387	1,359,284	7.01
8.00	00800	4,433,055	0	0	1,974	1,974	8.00
9.00	00900	9,678,968	0	0	33,105	33,105	9.00
10.00	01000	3,016,224	0	0	62,765	62,765	10.00
10.01	01001	7,607,126	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,460,731	0	0	4,901	4,901	13.00
14.00	01400	184,072	0	0	14,009	14,009	14.00
15.00	01500	16,390,129	0	0	19,176	19,176	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	2,383,686	0	0	8,973	8,973	15.02
15.03	01503	68,916,834	0	0	0	0	15.03
16.00	01600	182,205	0	0	14,240	14,240	16.00
17.00	01700	5,534,586	0	0	7,849	7,849	17.00
17.01	01701	1,337,535	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	3,396,858	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	80,953	0	0	266	266	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	952,527	0	0	300	300	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	67,972,432	0	0	281,085	281,085	30.00
31.00	03100	26,462,449	0	0	86,151	86,151	31.00
31.01	03101	1,488,890	0	0	6,194	6,194	31.01
31.02	03102	5,656,682	0	0	21,406	21,406	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	9,341,081	0	0	52,495	52,495	40.00
41.00	04100	4,705,427	0	0	22,129	22,129	41.00
43.00	04300	4,130,097	0	0	4,654	4,654	43.00
44.00	04400	4,126,334	0	0	26,689	26,689	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,896,438	0	0	110,107	110,107	50.00
50.01	05001	3,722,494	10,000	0	17,276	17,276	50.01
51.00	05100	9,019,558	0	0	56,996	56,996	51.00
52.00	05200	442,886	0	0	26,488	26,488	52.00
54.00	05400	22,090,721	0	0	45,215	45,215	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	357,168	0	0	2,977	2,977	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	238,414	0	0	6,330	6,330	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	10,429,525	0	0	47,699	47,699	55.00
56.00	05600	580,329	0	0	6,100	6,100	56.00
58.00	05800	1,570,209	0	0	15,979	15,979	58.00
60.00	06000	27,971,064	0	0	50,373	50,373	60.00
60.01	06001	3,437,311	0	0	1,368	1,368	60.01
62.00	06200	3,259,779	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	6,397,787	0	0	13,784	13,784	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
65.02	06502	DIALYSIS	2,641,451	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	7,638,010	0	0	31,411	31,411	65.03
66.00	06600	PHYSICAL THERAPY	5,270,097	0	0	27,007	27,007	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,107,729	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	1,176,446	0	0	0	0	68.00
68.01	06801	NEURO REHAB	2,460,450	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	1,801,402	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	823,952	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	1,105,416	0	0	1,199	1,199	70.01
70.03	03952	CARDIAC CATH LAB	8,652,288	0	0	29,959	29,959	70.03
70.04	03953	CARDIAC REHA SERVICES	394,786	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	177,889	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	113,306	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	224,912	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,605,215	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,996,802	0	0	3,567	3,567	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,101,340	0	0	2,650	2,650	90.00
90.01	09001	ANTI COAG CLINIC	1,207,095	0	0	3,332	3,332	90.01
90.02	09002	INFECTIOUS DISEASES	32,984	0	0	1,486	1,486	90.02
90.03	09003	RHEUMATOLOGY	18,339	0	0	1,446	1,446	90.03
91.00	09100	EMERGENCY	18,791,747	0	0	70,613	70,613	91.00
91.01	09101	PARTIAL HOSPITALIZATION	459,908	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,729,993	0	0	6,626	6,626	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	13,854,692	0	0	20,339	20,339	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,467,078	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	539,087,873	10,000	0	1,434,837	1,287,450	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,473	0	0	4,270	4,270	190.00
194.00	07950	NON ALLOWABLE	847,021	0	0	0	0	194.00
194.01	07951	TELEVISION	246	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	245,966	0	0	19,307	19,307	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,067,567	0	0	16,073	16,073	194.05
194.06	07956	STUCKY RESEARCH CTR	5,520,574	0	0	1,131	1,131	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	56,469	0	0	2,013	2,013	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,761,490	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	471,574	0	0	4,676	4,676	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,466,023	0	0	0	0	194.15
194.16	07966	FITNESS	239,532	0	0	1,012	1,012	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	37,185	0	0	3,760	3,760	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	135,089	0	0	10,577	10,577	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	198,859	0	0	3,212	3,212	194.23
194.24	07974	START-UP COSTS ORTHO	9,999	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,783,083	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	32,447	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	19,749,028	0	0	5,803	5,803	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
202.00	Cost to be allocated (per Wkst. B, Part I)	215,873,163	2,036	0	14,752,670	11,973,559	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.375538	0.203600	0.000000	9.791567	8.808725	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,816,025	1,562	0	2,793,735	3,210,466	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.055348	0.156200	0.000000	1.854244	2.361880	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,000				8.00
9.00	00900	HOUSEKEEPING	2	1,324,205			9.00
10.00	01000	DIETARY	0	62,765	982,589		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	673,451	10.01
10.02	01002	CAFETERIA	0	0	309,138	0	320,960
10.03	01003	PREADMITS AND ER	0	0	22,568	22,568	11,822
11.00	01100	CAFETERIA	0	0	0	0	309,138
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,901	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,009	0	0	0
15.00	01500	PHARMACY	0	19,176	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	0	8,973	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,240	0	0	0
17.00	01700	SOCIAL SERVICE	0	7,849	0	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	266	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,961	281,085	334,769	334,769	0
31.00	03100	INTENSIVE CARE UNIT	1,013	86,151	83,541	83,541	0
31.01	03101	PEDIATRIC ICU	75	6,194	3,419	3,419	0
31.02	03102	NEONATAL ICU	70	21,406	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	201	52,495	154,254	154,254	0
41.00	04100	SUBPROVIDER - I RF	224	22,129	31,580	31,580	0
43.00	04300	NURSERY	0	4,654	0	0	0
44.00	04400	SKILLED NURSING FACILITY	230	26,689	43,320	43,320	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	328	110,107	0	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	0	17,276	0	0	0
51.00	05100	RECOVERY ROOM	344	56,996	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	612	26,488	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	465	45,215	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,977	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	6,330	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	47,699	0	0	0
56.00	05600	RADIOISOTOPE	0	6,100	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19	15,979	0	0	0
60.00	06000	LABORATORY	2	50,373	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	39	13,784	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
65.02	06502	DIALYSIS	28	4,030	0	0	0 65.02
65.03	03330	ENDOSCOPY	85	31,411	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	27,007	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	51	7,873	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	4	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	1,474	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	1,199	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	485	29,959	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	3	3,041	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	29	3,567	0	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,650	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	3,332	0	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	0	1,486	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	1,446	0	0	0 90.03
91.00	09100	EMERGENCY	1,714	70,613	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,626	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	2	20,339	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,994	1,252,371	982,589	673,451	320,960 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,270	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	19,307	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	16,073	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,131	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	2,013	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,676	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0 194.15
194.16	07966	FITNESS	0	1,012	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	3,760	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	6	10,577	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	3,212	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	0	5,803	0	0	0 194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
202.00	Cost to be allocated (per Wkst. B, Part I)	6,134,553	13,930,778	5,976,674	10,463,891	1,880,356	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	613.455300	10.520107	6.082578	15.537717	5.858537	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	278,928	1,176,309	1,998,807	427,611	628,856	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	27.892800	0.888313	2.034225	0.634955	1.959297	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
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
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100	334,769					11.00
12.00	01200	0	2,661				12.00
13.00	01300	0	0	0	1,475		13.00
14.00	01400	0	0	0	0	1,000,000	14.00
15.00	01500	0	125	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	0	14	0	14	0	15.02
15.03	01503	0	0	0	0	919,234	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	45	0	0	0	17.00
17.01	01701	0	9	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	334,769	676	0	676	15,827	30.00
31.00	03100	0	275	0	275	0	31.00
31.01	03101	0	12	0	12	0	31.01
31.02	03102	0	48	0	48	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	106	0	0	0	40.00
41.00	04100	0	40	0	0	0	41.00
43.00	04300	0	42	0	42	0	43.00
44.00	04400	0	52	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	191	0	161	64,923	50.00
50.01	05001	0	0	0	0	14	50.01
51.00	05100	0	39	0	39	0	51.00
52.00	05200	0	14	0	14	0	52.00
54.00	05400	0	154	0	0	1	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	1	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	15	0	5	0	55.00
56.00	05600	0	4	0	0	0	56.00
58.00	05800	0	11	0	0	0	58.00
60.00	06000	0	130	0	0	0	60.00
60.01	06001	0	14	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.03	11.00	12.00	13.00	14.00	
65.00	06500	RESPIRATORY THERAPY	0	86	0	0	0	65.00
65.02	06502	DIALYSIS	0	2	0	2	0	65.02
65.03	03330	ENDOSCOPY	0	50	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	106	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	28	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	10	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	14	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	48	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	5	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	10	0	10	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	19	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	7	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	163	0	155	1	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	5	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	47	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	334,769	2,620	0	1,461	1,000,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	2	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	1	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	2	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	3	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	14	0	14	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	5	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	14	0	0	0	194.29

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
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)	557,187	1,811,096	0	6,278,624	661,145	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.664392	680.607290	0.000000	4,256.694237	0.661145	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	83,401	605,693	0	920,770	258,893	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.249130	227.618564	0.000000	624.250847	0.258893	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
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
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	83,811,438					15.00
15.01	01501	0	100				15.01
15.02	01502	0	0	100			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	7,342	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,639	0	0	0	605	30.00
31.00	03100	111	0	0	0	8	31.00
31.01	03101	905	0	0	0	2	31.01
31.02	03102	16	0	0	0	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	2	0	0	0	2	40.00
41.00	04100	0	0	0	0	2	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	31	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,696	0	0	0	1,286	50.00
50.01	05001	2,426	0	0	0	0	50.01
51.00	05100	35	0	0	0	239	51.00
52.00	05200	1	0	0	0	0	52.00
54.00	05400	5,170	0	0	0	2,192	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	8	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	349	0	0	0	0	55.00
56.00	05600	10	0	0	0	23	56.00
58.00	05800	0	0	0	0	96	58.00
60.00	06000	30	0	0	0	29	60.00
60.01	06001	352	0	0	0	0	60.01
62.00	06200	23,603	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	166	0	0	0	117	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
65.02	06502	DIALYSIS	0	0	0	0	2 65.02
65.03	03330	ENDOSCOPY	334	0	0	0	858 65.03
66.00	06600	PHYSICAL THERAPY	71	0	0	0	65 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	130	0	0	0	46 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	163 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	13 70.00
70.01	03950	NUTRITION SUPPORT	508	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	94	0	0	0	967 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	19 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,024	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	100	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,976	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,399,456	100	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	9	0	0	0	2 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,748	0	0	0	4 90.00
90.01	09001	ANTI COAG CLINIC	3,965	0	0	0	29 90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0 90.03
91.00	09100	EMERGENCY	386	0	0	0	54 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	21 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,202	0	0	0	65 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	4,521,754	0	0	0	327 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,978,199	100	100	10,000	7,244 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	410	0	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	0	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	61,141	0	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	1,135	0	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	388	0	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	98 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	20,770,165	0	0	0	0 194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	23,188,734	0	3,609,272	95,405,311	665,304	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.276677	0.000000	36,092.720000	9,540.531100	90.616181	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,600,830	0	305,886	4,078,395	262,890	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.042963	0.000000	3,058.860000	407.839500	35.806320	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS AND ER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	10,000					17.00
17.01 01701 REHAB ADMIN	0	10,000				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0				23.01
23.02 02302 PARAMED ED PHARMACY	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,492	0	0	0	4,156	30.00
31.00 03100 INTENSIVE CARE UNIT	1,955	0	0	0	2,114	31.00
31.01 03101 PEDIATRIC ICU	447	0	0	0	0	31.01
31.02 03102 NEONATAL ICU	452	0	0	0	0	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	117	1,391	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	550	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	821	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	62	0	0	0	275	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	3,374	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,978	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,981	0	0	0	68.00
68.01 06801 NEURO REHAB	0	1,276	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	151	0	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	1,324	0	0	0	2,084	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,000	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	0	194.03
194.04 07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	0	0	0	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16 07966 FITNESS	0	0	0	0	0	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	0	0	194.29
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)	7,872,226	1,845,955	0	0	4,672,507	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	787.222600	184.595500	0.000000	0.000000	467.250700	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	476,331	77,980	0	0	188,014	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	47.633100	7.798000	0.000000	0.000000	18.801400	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		100		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				0	23.00
23.01 02301 PARAMED RADIOLOGY					23.01
23.02 02302 PARAMED PHARMACY				83,811,438	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	2,639	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	111	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	905	31.01
31.02 03102 NEONATAL ICU	0	0	0	16	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	2	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	31	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	6,696	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	2,426	50.01
51.00 05100 RECOVERY ROOM	0	0	0	35	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,170	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	349	55.00
56.00 05600 RADIOISOTOPE	0	0	0	10	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00 06000 LABORATORY	0	100	0	30	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	352	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
		22.00	23.00	23.01	23.02		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	23,603	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	166	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	334	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	71	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	130	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	508	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	94	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	58,399,456	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	9	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	5,748	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	3,965	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	386	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	3,202	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,521,754	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	0	62,978,199	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	410	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	61,141	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	1,135	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	388	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
194.26 07976 ISH	0	0	0	0		194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0		194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	20,770,165		194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	119,100	0	1,318,973		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,191.000000	0.000000	0.015737		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	9,344	0	59,710		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	93.440000	0.000000	0.000712		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 11:04 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Di	allowance		Total Costs	
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,635,948		119,635,948	0	119,635,948	30.00
31.00	03100	INTENSIVE CARE UNIT	44,234,002		44,234,002	0	44,234,002	31.00
31.01	03101	PEDIATRIC ICU	2,759,906		2,759,906	0	2,759,906	31.01
31.02	03102	NEONATAL ICU	9,040,093		9,040,093	0	9,040,093	31.02
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	17,908,335		17,908,335	0	17,908,335	40.00
41.00	04100	SUBPROVIDER - I/RF	8,313,364		8,313,364	0	8,313,364	41.00
43.00	04300	NURSERY	6,023,999		6,023,999	0	6,023,999	43.00
44.00	04400	SKILLED NURSING FACILITY	7,566,210		7,566,210	0	7,566,210	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,005,845		40,005,845	0	40,005,845	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,626,270		5,626,270	0	5,626,270	50.01
51.00	05100	RECOVERY ROOM	14,491,743		14,491,743	0	14,491,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,873,915		1,873,915	0	1,873,915	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,293,523		32,293,523	0	32,293,523	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	578,714		578,714	0	578,714	54.05
54.06	05406	RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	516,537		516,537	0	516,537	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	15,766,816		15,766,816	48,921	15,815,737	55.00
56.00	05600	RADIOISOTOPE	980,709		980,709	0	980,709	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,653,039		2,653,039	0	2,653,039	58.00
60.00	06000	LABORATORY	40,153,585		40,153,585	0	40,153,585	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,777,621		4,777,621	0	4,777,621	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,490,851		4,490,851	0	4,490,851	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,294,902	0	9,294,902	1,427	9,296,329	65.00
65.02	06502	DIALYSIS	3,778,003	0	3,778,003	0	3,778,003	65.02
65.03	03330	ENDOSCOPY	11,585,094	0	11,585,094	0	11,585,094	65.03
66.00	06600	PHYSICAL THERAPY	8,736,554	0	8,736,554	0	8,736,554	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,059,951	0	6,059,951	0	6,059,951	67.00
68.00	06800	SPEECH PATHOLOGY	1,983,930	0	1,983,930	0	1,983,930	68.00
68.01	06801	NEURO REHAB	3,903,800	0	3,903,800	0	3,903,800	68.01
69.00	06900	ELECTROCARDIOLOGY	2,501,927		2,501,927	0	2,501,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,185,109		1,185,109	0	1,185,109	70.00
70.01	03950	NUTRITION SUPPORT	1,565,136		1,565,136	0	1,565,136	70.01
70.03	03952	CARDIAC CATH LAB	13,310,689		13,310,689	0	13,310,689	70.03
70.04	03953	CARDIAC REHA SERVICES	638,563		638,563	0	638,563	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,176,321		48,176,321	0	48,176,321	71.00
71.01	07101	COST OF SOLUTIONS	3,765,129		3,765,129	0	3,765,129	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,783,058		47,783,058	0	47,783,058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,817,208		101,817,208	0	101,817,208	73.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,917,896		2,917,896	2,558	2,920,454	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,607,078		1,607,078	0	1,607,078	90.00
90.01	09001	ANTI COAG CLINIC	1,791,019		1,791,019	0	1,791,019	90.01
90.02	09002	INFECTIOUS DISEASES	88,644		88,644	0	88,644	90.02
90.03	09003	RHEUMATOLOGY	67,334		67,334	0	67,334	90.03
91.00	09100	EMERGENCY	30,774,519		30,774,519	194,804	30,969,323	91.00
91.01	09101	PARTIAL HOSPITALIZATION	666,466		666,466	0	666,466	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,838,734		15,838,734	0	15,838,734	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,489,128		9,489,128	0	9,489,128	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	21,003,017		21,003,017	0	21,003,017	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	14,397,864		14,397,864	0	14,397,864	116.00

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	
200.00	Subtotal (see instructions)	744,418,098	0	744,418,098	247,710	744,665,808	200.00
201.00	Less Observation Beds	15,838,734		15,838,734		15,838,734	201.00
202.00	Total (see instructions)	728,579,364	0	728,579,364	247,710	728,827,074	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 11:04 am

		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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	260,391,708		260,391,708		30.00
31.00	03100	INTENSIVE CARE UNIT	101,121,606		101,121,606		31.00
31.01	03101	PEDIATRIC ICU	3,773,372		3,773,372		31.01
31.02	03102	NEONATAL ICU	31,979,807		31,979,807		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	28,664,913		28,664,913		40.00
41.00	04100	SUBPROVIDER - IRF	14,610,972		14,610,972		41.00
43.00	04300	NURSERY	6,304,588		6,304,588		43.00
44.00	04400	SKILLED NURSING FACILITY	7,657,436		7,657,436		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	247,879,603	187,081,880	434,961,483	0.091976	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	175,054	60,481,029	60,656,083	0.092757	50.01
51.00	05100	RECOVERY ROOM	41,044,803	58,660,199	99,705,002	0.145346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,670,588	0	3,670,588	0.510522	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,077,737	288,674,368	443,752,105	0.072774	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,883	1,223,140	1,231,023	0.470108	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	83,069	83,069	6.218168	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,349,744	99,996,867	102,346,611	0.154053	55.00
56.00	05600	RADIOISOTOPE	4,179,197	2,801,902	6,981,099	0.140481	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,353,851	10,816,467	23,170,318	0.114502	58.00
60.00	06000	LABORATORY	133,499,848	162,678,329	296,178,177	0.135572	60.00
60.01	06001	ANATOMICAL PATHOLOGY	8,728,679	10,326,960	19,055,639	0.250720	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,877,055	1,819,155	13,696,210	0.327890	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	42,822,091	3,298,936	46,121,027	0.201533	65.00
65.02	06502	DIALYSIS	6,790,821	364,985	7,155,806	0.527963	65.02
65.03	03330	ENDOSCOPY	26,142,441	99,292,600	125,435,041	0.092359	65.03
66.00	06600	PHYSICAL THERAPY	15,561,979	5,715,341	21,277,320	0.410604	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	14,632,782	422,202	15,054,984	0.402521	67.00
68.00	06800	SPEECH PATHOLOGY	4,882,262	399,517	5,281,779	0.375618	68.00
68.01	06801	NEURO REHAB	13,272	10,832,485	10,845,757	0.359938	68.01
69.00	06900	ELECTROCARDIOLOGY	10,337,865	30,204,418	40,542,283	0.061712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,087,626	5,382,902	9,470,528	0.125137	70.00
70.01	03950	NUTRITION SUPPORT	466,516	79,378	545,894	2.867106	70.01
70.03	03952	CARDIAC CATH LAB	79,100,912	84,823,818	163,924,730	0.081200	70.03
70.04	03953	CARDIAC REHA SERVICES	1,953	2,078,860	2,080,813	0.306881	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,690,546	74,018,487	177,709,033	0.271097	71.00
71.01	07101	COST OF SOLUTIONS	56,141,743	16,377,685	72,519,428	0.051919	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,232,336	70,756,257	181,988,593	0.262561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	170,559,466	268,303,166	438,862,632	0.232002	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,650,320	7,505,017	13,155,337	0.221803	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	292,710	1,310,619	1,603,329	1.002338	90.00
90.01	09001	ANTI COAG CLINIC	18,471	4,109,047	4,127,518	0.433922	90.01
90.02	09002	INFECTIOUS DISEASES	0	9,492	9,492	9.338812	90.02
90.03	09003	RHEUMATOLOGY	0	873	873	77.129439	90.03
91.00	09100	EMERGENCY	84,106,362	157,473,791	241,580,153	0.127388	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,179,620	2,179,620	0.305772	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,412,446	74,887,425	77,299,871	0.204900	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	17,827	15,825,734	15,843,561	0.598926	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	24,395,084	24,395,084		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	14,137,769	14,137,769		116.00
200.00		Subtotal (see instructions)	1,814,311,191	1,858,828,873	3,673,140,064		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021			Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 11:04 am	
		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		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	1,814,311,191	1,858,828,873	3,673,140,064			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 11:04 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757		50.01
51.00	05100	RECOVERY ROOM	0.145346		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774		54.00
54.01	05401	RADIOLOGY - WABASH	0.000000		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000		54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000		54.04
54.05	05405	RADIOLOGY - NHMP	0.470108		54.05
54.06	05406	RADIOLOGY - CMP	0.000000		54.06
54.07	05407	RADIOLOGY - WP	0.000000		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531		55.00
56.00	05600	RADIOISOTOPE	0.140481		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502		58.00
60.00	06000	LABORATORY	0.135572		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.201564		65.00
65.02	06502	DIALYSIS	0.527963		65.02
65.03	03330	ENDOSCOPY	0.092359		65.03
66.00	06600	PHYSICAL THERAPY	0.410604		66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000		66.01
66.02	03650	PV REHAB OUTREACH	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521		67.00
68.00	06800	SPEECH PATHOLOGY	0.375618		68.00
68.01	06801	NEURO REHAB	0.359938		68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137		70.00
70.01	03950	NUTRITION SUPPORT	2.867106		70.01
70.03	03952	CARDIAC CATH LAB	0.081200		70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097		71.00
71.01	07101	COST OF SOLUTIONS	0.051919		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221998		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338		90.00
90.01	09001	ANTI COAG CLINIC	0.433922		90.01
90.02	09002	INFECTIOUS DISEASES	9.338812		90.02
90.03	09003	RHEUMATOLOGY	77.129439		90.03
91.00	09100	EMERGENCY	0.128195		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.598926		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 11:04 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	119,635,948		119,635,948	0	119,635,948	30.00
31.00	03100 INTENSIVE CARE UNIT	44,234,002		44,234,002	0	44,234,002	31.00
31.01	03101 PEDIATRIC ICU	2,759,906		2,759,906	0	2,759,906	31.01
31.02	03102 NEONATAL ICU	9,040,093		9,040,093	0	9,040,093	31.02
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I/PF	17,908,335		17,908,335	0	17,908,335	40.00
41.00	04100 SUBPROVIDER - I/RF	8,313,364		8,313,364	0	8,313,364	41.00
43.00	04300 NURSERY	6,023,999		6,023,999	0	6,023,999	43.00
44.00	04400 SKILLED NURSING FACILITY	7,566,210		7,566,210	0	7,566,210	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	40,005,845		40,005,845	0	40,005,845	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	5,626,270		5,626,270	0	5,626,270	50.01
51.00	05100 RECOVERY ROOM	14,491,743		14,491,743	0	14,491,743	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,873,915		1,873,915	0	1,873,915	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	32,293,523		32,293,523	0	32,293,523	54.00
54.01	05401 RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	578,714		578,714	0	578,714	54.05
54.06	05406 RADIOLOGY - CMP	0		0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0		0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	516,537		516,537	0	516,537	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	15,766,816		15,766,816	48,921	15,815,737	55.00
56.00	05600 RADIOISOTOPE	980,709		980,709	0	980,709	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,653,039		2,653,039	0	2,653,039	58.00
60.00	06000 LABORATORY	40,153,585		40,153,585	0	40,153,585	60.00
60.01	06001 ANATOMICAL PATHOLOGY	4,777,621		4,777,621	0	4,777,621	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,490,851		4,490,851	0	4,490,851	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	9,294,902	0	9,294,902	1,427	9,296,329	65.00
65.02	06502 DIALYSIS	3,778,003	0	3,778,003	0	3,778,003	65.02
65.03	03330 ENDOSCOPY	11,585,094	0	11,585,094	0	11,585,094	65.03
66.00	06600 PHYSICAL THERAPY	8,736,554	0	8,736,554	0	8,736,554	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	6,059,951	0	6,059,951	0	6,059,951	67.00
68.00	06800 SPEECH PATHOLOGY	1,983,930	0	1,983,930	0	1,983,930	68.00
68.01	06801 NEURO REHAB	3,903,800	0	3,903,800	0	3,903,800	68.01
69.00	06900 ELECTROCARDIOLOGY	2,501,927		2,501,927	0	2,501,927	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,185,109		1,185,109	0	1,185,109	70.00
70.01	03950 NUTRITION SUPPORT	1,565,136		1,565,136	0	1,565,136	70.01
70.03	03952 CARDIAC CATH LAB	13,310,689		13,310,689	0	13,310,689	70.03
70.04	03953 CARDIAC REHA SERVICES	638,563		638,563	0	638,563	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	48,176,321		48,176,321	0	48,176,321	71.00
71.01	07101 COST OF SOLUTIONS	3,765,129		3,765,129	0	3,765,129	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	47,783,058		47,783,058	0	47,783,058	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	101,817,208		101,817,208	0	101,817,208	73.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,917,896		2,917,896	2,558	2,920,454	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,607,078		1,607,078	0	1,607,078	90.00
90.01	09001 ANTI COAG CLINIC	1,791,019		1,791,019	0	1,791,019	90.01
90.02	09002 INFECTIOUS DISEASES	88,644		88,644	0	88,644	90.02
90.03	09003 RHEUMATOLOGY	67,334		67,334	0	67,334	90.03
91.00	09100 EMERGENCY	30,774,519		30,774,519	194,804	30,969,323	91.00
91.01	09101 PARTIAL HOSPITALIZATION	666,466		666,466	0	666,466	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	15,838,734		15,838,734	0	15,838,734	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	9,489,128		9,489,128	0	9,489,128	95.00
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	21,003,017		21,003,017	0	21,003,017	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	14,397,864		14,397,864	0	14,397,864	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 11:04 am	
		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	
200.00	Subtotal (see instructions)	744,418,098	0	744,418,098	247,710	744,665,808	200.00
201.00	Less Observation Beds	15,838,734		15,838,734		15,838,734	201.00
202.00	Total (see instructions)	728,579,364	0	728,579,364	247,710	728,827,074	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 11:04 am

		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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	260,391,708		260,391,708		30.00
31.00	03100	INTENSIVE CARE UNIT	101,121,606		101,121,606		31.00
31.01	03101	PEDIATRIC ICU	3,773,372		3,773,372		31.01
31.02	03102	NEONATAL ICU	31,979,807		31,979,807		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	28,664,913		28,664,913		40.00
41.00	04100	SUBPROVIDER - IRF	14,610,972		14,610,972		41.00
43.00	04300	NURSERY	6,304,588		6,304,588		43.00
44.00	04400	SKILLED NURSING FACILITY	7,657,436		7,657,436		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	247,879,603	187,081,880	434,961,483	0.091976	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	175,054	60,481,029	60,656,083	0.092757	50.01
51.00	05100	RECOVERY ROOM	41,044,803	58,660,199	99,705,002	0.145346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,670,588	0	3,670,588	0.510522	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,077,737	288,674,368	443,752,105	0.072774	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,883	1,223,140	1,231,023	0.470108	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	83,069	83,069	6.218168	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,349,744	99,996,867	102,346,611	0.154053	55.00
56.00	05600	RADIOISOTOPE	4,179,197	2,801,902	6,981,099	0.140481	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,353,851	10,816,467	23,170,318	0.114502	58.00
60.00	06000	LABORATORY	133,499,848	162,678,329	296,178,177	0.135572	60.00
60.01	06001	ANATOMICAL PATHOLOGY	8,728,679	10,326,960	19,055,639	0.250720	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,877,055	1,819,155	13,696,210	0.327890	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	42,822,091	3,298,936	46,121,027	0.201533	65.00
65.02	06502	DIALYSIS	6,790,821	364,985	7,155,806	0.527963	65.02
65.03	03330	ENDOSCOPY	26,142,441	99,292,600	125,435,041	0.092359	65.03
66.00	06600	PHYSICAL THERAPY	15,561,979	5,715,341	21,277,320	0.410604	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	14,632,782	422,202	15,054,984	0.402521	67.00
68.00	06800	SPEECH PATHOLOGY	4,882,262	399,517	5,281,779	0.375618	68.00
68.01	06801	NEURO REHAB	13,272	10,832,485	10,845,757	0.359938	68.01
69.00	06900	ELECTROCARDIOLOGY	10,337,865	30,204,418	40,542,283	0.061712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,087,626	5,382,902	9,470,528	0.125137	70.00
70.01	03950	NUTRITION SUPPORT	466,516	79,378	545,894	2.867106	70.01
70.03	03952	CARDIAC CATH LAB	79,100,912	84,823,818	163,924,730	0.081200	70.03
70.04	03953	CARDIAC REHA SERVICES	1,953	2,078,860	2,080,813	0.306881	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,690,546	74,018,487	177,709,033	0.271097	71.00
71.01	07101	COST OF SOLUTIONS	56,141,743	16,377,685	72,519,428	0.051919	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,232,336	70,756,257	181,988,593	0.262561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	170,559,466	268,303,166	438,862,632	0.232002	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,650,320	7,505,017	13,155,337	0.221803	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	292,710	1,310,619	1,603,329	1.002338	90.00
90.01	09001	ANTI COAG CLINIC	18,471	4,109,047	4,127,518	0.433922	90.01
90.02	09002	INFECTIOUS DISEASES	0	9,492	9,492	9.338812	90.02
90.03	09003	RHEUMATOLOGY	0	873	873	77.129439	90.03
91.00	09100	EMERGENCY	84,106,362	157,473,791	241,580,153	0.127388	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,179,620	2,179,620	0.305772	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,412,446	74,887,425	77,299,871	0.204900	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	17,827	15,825,734	15,843,561	0.598926	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	24,395,084	24,395,084		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	14,137,769	14,137,769		116.00
200.00		Subtotal (see instructions)	1,814,311,191	1,858,828,873	3,673,140,064		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		Title XIX			Hospital	PPS	
		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	
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,814,311,191	1,858,828,873	3,673,140,064			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 11:04 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
31.02	03102	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976		50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757		50.01
51.00	05100	RECOVERY ROOM	0.145346		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774		54.00
54.01	05401	RADIOLOGY - WABASH	0.000000		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000		54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000		54.04
54.05	05405	RADIOLOGY - NHMP	0.470108		54.05
54.06	05406	RADIOLOGY - CMP	0.000000		54.06
54.07	05407	RADIOLOGY - WP	0.000000		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531		55.00
56.00	05600	RADIOISOTOPE	0.140481		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502		58.00
60.00	06000	LABORATORY	0.135572		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.201564		65.00
65.02	06502	DIALYSIS	0.527963		65.02
65.03	03330	ENDOSCOPY	0.092359		65.03
66.00	06600	PHYSICAL THERAPY	0.410604		66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000		66.01
66.02	03650	PV REHAB OUTREACH	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521		67.00
68.00	06800	SPEECH PATHOLOGY	0.375618		68.00
68.01	06801	NEURO REHAB	0.359938		68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137		70.00
70.01	03950	NUTRITION SUPPORT	2.867106		70.01
70.03	03952	CARDIAC CATH LAB	0.081200		70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097		71.00
71.01	07101	COST OF SOLUTIONS	0.051919		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221998		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338		90.00
90.01	09001	ANTI COAG CLINIC	0.433922		90.01
90.02	09002	INFECTIOUS DISEASES	9.338812		90.02
90.03	09003	RHEUMATOLOGY	77.129439		90.03
91.00	09100	EMERGENCY	0.128195		91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.598926		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0021

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

Worksheet C Part II Date/Time Prepared: 5/28/2019 11:04 am

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	40,005,845	7,510,729	32,495,116	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,626,270	757,186	4,869,084	0	0	50.01
51.00	05100	RECOVERY ROOM	14,491,743	1,704,873	12,786,870	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,873,915	527,604	1,346,311	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,293,523	6,065,808	26,227,715	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	578,714	128,875	449,839	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	516,537	150,384	366,153	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	15,766,816	3,906,323	11,860,493	0	0	55.00
56.00	05600	RADIOISOTOPE	980,709	149,604	831,105	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,653,039	455,840	2,197,199	0	0	58.00
60.00	06000	LABORATORY	40,153,585	4,681,367	35,472,218	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,777,621	348,502	4,429,119	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,490,851	182,158	4,308,693	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,294,902	1,009,234	8,285,668	0	0	65.00
65.02	06502	DIALYSIS	3,778,003	235,825	3,542,178	0	0	65.02
65.03	03330	ENDOSCOPY	11,585,094	2,223,773	9,361,321	0	0	65.03
66.00	06600	PHYSICAL THERAPY	8,736,554	953,405	7,783,149	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,059,951	276,839	5,783,112	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,983,930	82,909	1,901,021	0	0	68.00
68.01	06801	NEURO REHAB	3,903,800	331,326	3,572,474	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,501,927	147,659	2,354,268	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,185,109	99,752	1,085,357	0	0	70.00
70.01	03950	NUTRITION SUPPORT	1,565,136	88,611	1,476,525	0	0	70.01
70.03	03952	CARDIAC CATH LAB	13,310,689	2,418,362	10,892,327	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	638,563	100,498	538,065	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,176,321	2,065,201	46,111,120	0	0	71.00
71.01	07101	COST OF SOLUTIONS	3,765,129	315,558	3,449,571	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,783,058	2,048,672	45,734,386	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,817,208	5,929,549	95,887,659	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,917,896	213,212	2,704,684	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,607,078	116,309	1,490,769	0	0	90.00
90.01	09001	ANTI COAG CLINIC	1,791,019	135,640	1,655,379	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	88,644	28,244	60,400	0	0	90.02
90.03	09003	RHEUMATOLOGY	67,334	26,686	40,648	0	0	90.03
91.00	09100	EMERGENCY	30,774,519	3,351,844	27,422,675	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	666,466	45,644	620,822	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,838,734	1,657,793	14,180,941	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,489,128	647,199	8,841,929	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	21,003,017	1,408,789	19,594,228	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	14,397,864	589,305	13,808,559	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	528,936,241	53,117,091	475,819,150	0	0	200.00
201.00		Less Observation Beds	15,838,734	1,657,793	14,180,941	0	0	201.00
202.00		Total (line 200 minus line 201)	513,097,507	51,459,298	461,638,209	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part II Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		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)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,005,845	434,961,483	0.091976	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,626,270	60,656,083	0.092757	50.01
51.00	05100	RECOVERY ROOM	14,491,743	99,705,002	0.145346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,873,915	3,670,588	0.510522	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,293,523	443,752,105	0.072774	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	578,714	1,231,023	0.470108	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	516,537	83,069	6.218168	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	15,766,816	102,346,611	0.154053	55.00
56.00	05600	RADIOISOTOPE	980,709	6,981,099	0.140481	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,653,039	23,170,318	0.114502	58.00
60.00	06000	LABORATORY	40,153,585	296,178,177	0.135572	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,777,621	19,055,639	0.250720	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,490,851	13,696,210	0.327890	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	9,294,902	46,121,027	0.201533	65.00
65.02	06502	DIALYSIS	3,778,003	7,155,806	0.527963	65.02
65.03	03330	ENDOSCOPY	11,585,094	125,435,041	0.092359	65.03
66.00	06600	PHYSICAL THERAPY	8,736,554	21,277,320	0.410604	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,059,951	15,054,984	0.402521	67.00
68.00	06800	SPEECH PATHOLOGY	1,983,930	5,281,779	0.375618	68.00
68.01	06801	NEURO REHAB	3,903,800	10,845,757	0.359938	68.01
69.00	06900	ELECTROCARDIOLOGY	2,501,927	40,542,283	0.061712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,185,109	9,470,528	0.125137	70.00
70.01	03950	NUTRITION SUPPORT	1,565,136	545,894	2.867106	70.01
70.03	03952	CARDIAC CATH LAB	13,310,689	163,924,730	0.081200	70.03
70.04	03953	CARDIAC REHA SERVICES	638,563	2,080,813	0.306881	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,176,321	177,709,033	0.271097	71.00
71.01	07101	COST OF SOLUTIONS	3,765,129	72,519,428	0.051919	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,783,058	181,988,593	0.262561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,817,208	438,862,632	0.232002	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,917,896	13,155,337	0.221803	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,607,078	1,603,329	1.002338	90.00
90.01	09001	ANTI COAG CLINIC	1,791,019	4,127,518	0.433922	90.01
90.02	09002	INFECTIOUS DISEASES	88,644	9,492	9.338812	90.02
90.03	09003	RHEUMATOLOGY	67,334	873	77.129439	90.03
91.00	09100	EMERGENCY	30,774,519	241,580,153	0.127388	91.00
91.01	09101	PARTIAL HOSPITALIZATION	666,466	2,179,620	0.305772	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,838,734	77,299,871	0.204900	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	9,489,128	15,843,561	0.598926	95.00
99.10	09910	CORF	0	0	0.000000	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0.000000	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000	99.40
101.00	10100	HOME HEALTH AGENCY	21,003,017	24,395,084	0.860953	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	14,397,864	14,137,769	1.018397	116.00
200.00		Subtotal (sum of lines 50 thru 199)	528,936,241	3,218,635,662		200.00
201.00		Less Observation Beds	15,838,734	0		201.00
202.00		Total (line 200 minus line 201)	513,097,507	3,218,635,662		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 11:04 am
Title XVIII			Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,521,898	0	12,521,898	123,090	101.73	30.00
31.00	INTENSIVE CARE UNIT	5,106,916		5,106,916	35,733	142.92	31.00
31.01	PEDIATRIC ICU	331,183		331,183	1,120	295.70	31.01
31.02	NEONATAL ICU	926,743		926,743	8,378	110.62	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	1,956,725	0	1,956,725	19,381	100.96	40.00
41.00	SUBPROVIDER - IRF	782,260	0	782,260	9,425	83.00	41.00
43.00	NURSERY	353,487		353,487	5,977	59.14	43.00
44.00	SKILLED NURSING FACILITY	851,183		851,183	12,538	67.89	44.00
200.00	Total (lines 30 through 199)	22,830,395		22,830,395	215,642		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	34,757	3,535,830	30.00
31.00	INTENSIVE CARE UNIT	6,166	881,245	31.00
31.01	PEDIATRIC ICU	0	0	31.01
31.02	NEONATAL ICU	0	0	31.02
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	4,155	419,489	40.00
41.00	SUBPROVIDER - IRF	3,645	302,535	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	4,019	272,850	44.00
200.00	Total (lines 30 through 199)	52,742	5,411,949	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,510,729	434,961,483	0.017268	69,787,532	1,205,091	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	757,186	60,656,083	0.012483	38,640	482	50.01
51.00	05100 RECOVERY ROOM	1,704,873	99,705,002	0.017099	6,999,395	119,683	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	527,604	3,670,588	0.143738	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,065,808	443,752,105	0.013669	40,352,989	551,585	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	128,875	1,231,023	0.104689	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	150,384	83,069	1.810350	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	3,906,323	102,346,611	0.038168	703,410	26,848	55.00
56.00	05600 RADIOISOTOPE	149,604	6,981,099	0.021430	1,471,101	31,526	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	455,840	23,170,318	0.019673	3,455,532	67,981	58.00
60.00	06000 LABORATORY	4,681,367	296,178,177	0.015806	38,235,160	604,345	60.00
60.01	06001 ANATOMICAL PATHOLOGY	348,502	19,055,639	0.018289	3,013,559	55,115	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	182,158	13,696,210	0.013300	5,754,616	76,536	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,009,234	46,121,027	0.021882	12,567,716	275,007	65.00
65.02	06502 DIALYSIS	235,825	7,155,806	0.032956	3,132,632	103,239	65.02
65.03	03330 ENDOSCOPY	2,223,773	125,435,041	0.017728	8,024,517	142,259	65.03
66.00	06600 PHYSICAL THERAPY	953,405	21,277,320	0.044809	2,160,205	96,797	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	276,839	15,054,984	0.018389	1,674,713	30,796	67.00
68.00	06800 SPEECH PATHOLOGY	82,909	5,281,779	0.015697	938,964	14,739	68.00
68.01	06801 NEURO REHAB	331,326	10,845,757	0.030549	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	147,659	40,542,283	0.003642	8,815,664	32,107	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	99,752	9,470,528	0.010533	3,287	35	70.00
70.01	03950 NUTRITION SUPPORT	88,611	545,894	0.162323	126,328	20,506	70.01
70.03	03952 CARDIAC CATH LAB	2,418,362	163,924,730	0.014753	24,853,485	366,663	70.03
70.04	03953 CARDIAC REHA SERVICES	100,498	2,080,813	0.048297	868	42	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,065,201	177,709,033	0.011621	29,923,141	347,737	71.00
71.01	07101 COST OF SOLUTIONS	315,558	72,519,428	0.004351	14,648,711	63,737	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,048,672	181,988,593	0.011257	36,181,011	407,290	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,929,549	438,862,632	0.013511	47,672,194	644,099	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	213,212	13,155,337	0.016207	701,700	11,372	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	116,309	1,603,329	0.072542	64,395	4,671	90.00
90.01	09001 ANTI COAG CLINIC	135,640	4,127,518	0.032862	5,806	191	90.01
90.02	09002 INFECTIOUS DISEASES	28,244	9,492	2.975558	0	0	90.02
90.03	09003 RHEUMATOLOGY	26,686	873	30.568156	0	0	90.03
91.00	09100 EMERGENCY	3,351,844	241,580,153	0.013875	23,583,462	327,221	91.00
91.01	09101 PARTIAL HOSPITALIZATION	45,644	2,179,620	0.020941	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,657,793	77,299,871	0.021446	1,312,666	28,151	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	50,471,798	3,164,259,248		386,203,399	5,655,851	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description	Title XVIII		Hospital		PPS
	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	42	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	14	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	58	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	42	123,090	0.00	34,757	30.00
31.00	03100	INTENSIVE CARE UNIT		2	35,733	0.00	6,166	31.00
31.01	03101	PEDIATRIC ICU		14	1,120	0.01	0	31.01
31.02	03102	NEONATAL ICU		0	8,378	0.00	0	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	19,381	0.00	4,155	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,425	0.00	3,645	41.00
43.00	04300	NURSERY		0	5,977	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	12,538	0.00	4,019	44.00
200.00		Total (lines 30 through 199)		58	215,642		52,742	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	03101	PEDIATRIC ICU	0					31.01
31.02	03102	NEONATAL ICU	0					31.02
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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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	105		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	38		50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	81		54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5		55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
60.00 06000 LABORATORY	0	0	0	0	119,100		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	6		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3		65.00
65.02 06502 DIALYSIS	0	0	0	0	0		65.02
65.03 03330 ENDOSCOPY	0	0	0	0	5		65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	1		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00
68.01 06801 NEURO REHAB	0	0	0	0	2		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	8		70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	1		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0		71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0		71.01
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	919,069		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	90		90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	62		90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0		90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0		90.03
91.00 09100 EMERGENCY	0	0	0	0	6		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0		95.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,038,954		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Title XVIII	
							Hospital	PPS
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	105	105	434,961,483	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	38	38	60,656,083	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,705,002	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,670,588	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81	81	443,752,105	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,231,023	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	83,069	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5	5	102,346,611	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,981,099	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,170,318	0.000000	58.00
60.00	06000	LABORATORY	0	119,100	119,100	296,178,177	0.000402	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	6	6	19,055,639	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	371	371	13,696,210	0.000027	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	46,121,027	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	7,155,806	0.000000	65.02
65.03	03330	ENDOSCOPY	0	5	5	125,435,041	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	1	1	21,277,320	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,054,984	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,281,779	0.000000	68.00
68.01	06801	NEURO REHAB	0	2	2	10,845,757	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,542,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,470,528	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	8	8	545,894	0.000015	70.01
70.03	03952	CARDIAC CATH LAB	0	1	1	163,924,730	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,080,813	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,709,033	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,519,428	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,988,593	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	919,069	919,069	438,862,632	0.002094	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	13,155,337	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	90	90	1,603,329	0.000056	90.00
90.01	09001	ANTI COAG CLINIC	0	62	62	4,127,518	0.000015	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	9,492	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	873	0.000000	90.03
91.00	09100	EMERGENCY	0	6	6	241,580,153	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,179,620	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	77,299,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,038,954	1,038,954	3,164,259,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000 OPERATING ROOM	0.000000	69,787,532	0	33,452,736	0	50.00		
50.01	05001 PARKVIEW PREMIER SURGERY	0.000001	38,640	0	9,836,393	10	50.01		
51.00	05100 RECOVERY ROOM	0.000000	6,999,395	0	9,246,971	0	51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	40,352,989	0	58,924,749	0	54.00		
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01		
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02		
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03		
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04		
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05		
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06		
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07		
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08		
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09		
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	703,410	0	34,860,281	0	55.00		
56.00	05600 RADIOISOTOPE	0.000000	1,471,101	0	2,313,048	0	56.00		
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,455,532	0	7,112,699	0	58.00		
60.00	06000 LABORATORY	0.000402	38,235,160	15,371	6,358,708	2,556	60.00		
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	3,013,559	0	6,315,276	0	60.01		
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000027	5,754,616	155	828,748	22	62.00		
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30		
65.00	06500 RESPIRATORY THERAPY	0.000000	12,567,716	0	1,088,729	0	65.00		
65.02	06502 DIALYSIS	0.000000	3,132,632	0	133,286	0	65.02		
65.03	03330 ENDOSCOPY	0.000000	8,024,517	0	21,720,597	0	65.03		
66.00	06600 PHYSICAL THERAPY	0.000000	2,160,205	0	201,727	0	66.00		
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01		
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02		
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,674,713	0	113,060	0	67.00		
68.00	06800 SPEECH PATHOLOGY	0.000000	938,964	0	21,225	0	68.00		
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01		
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,815,664	0	3,264,731	0	69.00		
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,287	0	4,811,409	0	70.00		
70.01	03950 NUTRITION SUPPORT	0.000015	126,328	2	16,253	0	70.01		
70.03	03952 CARDIAC CATH LAB	0.000000	24,853,485	0	24,742,439	0	70.03		
70.04	03953 CARDIAC REHA SERVICES	0.000000	868	0	745,922	0	70.04		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	29,923,141	0	18,463,599	0	71.00		
71.01	07101 COST OF SOLUTIONS	0.000000	14,648,711	0	3,157,044	0	71.01		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	36,181,011	0	19,162,072	0	72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002094	47,672,194	99,826	72,174,348	151,133	73.00		
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97		
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	701,700	0	2,375,158	0	76.98		
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS									
90.00	09000 CLINIC	0.000056	64,395	4	70,804	4	90.00		
90.01	09001 ANTI COAG CLINIC	0.000015	5,806	0	1,728,818	26	90.01		
90.02	09002 INFECTIOUS DISEASES	0.000000	0	0	1,316	0	90.02		
90.03	09003 RHEUMATOLOGY	0.000000	0	0	0	0	90.03		
91.00	09100 EMERGENCY	0.000000	23,583,462	0	21,631,938	0	91.00		
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	7,528	0	91.01		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,312,666	0	8,904,142	0	92.00		
OTHER REIMBURSABLE COST CENTERS									
95.00	09500 AMBULANCE SERVICES						95.00		
200.00	Total (lines 50 through 199)		386,203,399	115,358	373,785,754	153,751	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 11:04 am
		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	0.091976	33,452,736	0	0	3,076,849	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	9,836,393	0	0	912,394	50.01
51.00	05100	RECOVERY ROOM	0.145346	9,246,971	0	0	1,344,010	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	58,924,749	0	0	4,288,190	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154053	34,860,281	0	0	5,370,331	55.00
56.00	05600	RADIOISOTOPE	0.140481	2,313,048	0	0	324,939	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	7,112,699	0	0	814,418	58.00
60.00	06000	LABORATORY	0.135572	6,358,708	0	0	862,063	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	6,315,276	0	0	1,583,366	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	828,748	0	0	271,738	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.201533	1,088,729	0	0	219,415	65.00
65.02	06502	DIALYSIS	0.527963	133,286	0	0	70,370	65.02
65.03	03330	ENDOSCOPY	0.092359	21,720,597	0	0	2,006,093	65.03
66.00	06600	PHYSICAL THERAPY	0.410604	201,727	0	0	82,830	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	113,060	0	0	45,509	67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	21,225	0	0	7,972	68.00
68.01	06801	NEURO REHAB	0.359938	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	3,264,731	0	0	201,473	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	4,811,409	0	0	602,085	70.00
70.01	03950	NUTRITION SUPPORT	2.867106	16,253	0	0	46,599	70.01
70.03	03952	CARDIAC CATH LAB	0.081200	24,742,439	0	0	2,009,086	70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	745,922	0	0	228,909	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	18,463,599	0	0	5,005,426	71.00
71.01	07101	COST OF SOLUTIONS	0.051919	3,157,044	0	0	163,911	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	19,162,072	0	0	5,031,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	72,174,348	0	0	16,744,593	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221803	2,375,158	0	0	526,817	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.002338	70,804	0	0	70,970	90.00
90.01	09001	ANTI COAG CLINIC	0.433922	1,728,818	0	0	750,172	90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	1,316	0	0	12,290	90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.127388	21,631,938	0	0	2,755,649	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	7,528	0	0	2,302	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	8,904,142	0	0	1,824,459	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.598926		0	0		95.00
200.00		Subtotal (see instructions)		373,785,754	0	0	57,256,441	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		373,785,754	0	0	57,256,441	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 11:04 am
	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
50.01 05001 PARKVIEW PREMIER SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.02 06502 DIALYSIS	0	0		65.02
65.03 03330 ENDOSCOPY	0	0		65.03
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0		70.01
70.03 03952 CARDIAC CATH LAB	0	0		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 COST OF SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANTI COAG CLINIC	0	0		90.01
90.02 09002 INFECTIOUS DISEASES	0	0		90.02
90.03 09003 RHEUMATOLOGY	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 11:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,510,729	434,961,483	0.017268	193,744	3,346	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	757,186	60,656,083	0.012483	0	0	50.01
51.00	05100	RECOVERY ROOM	1,704,873	99,705,002	0.017099	205	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,604	3,670,588	0.143738	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,065,808	443,752,105	0.013669	221,271	3,025	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	128,875	1,231,023	0.104689	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	150,384	83,069	1.810350	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,906,323	102,346,611	0.038168	0	0	55.00
56.00	05600	RADIO SOTOPE	149,604	6,981,099	0.021430	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	455,840	23,170,318	0.019673	8,029	158	58.00
60.00	06000	LABORATORY	4,681,367	296,178,177	0.015806	544,912	8,613	60.00
60.01	06001	ANATOMICAL PATHOLOGY	348,502	19,055,639	0.018289	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	182,158	13,696,210	0.013300	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,009,234	46,121,027	0.021882	15,156	332	65.00
65.02	06502	DIALYSIS	235,825	7,155,806	0.032956	15,662	516	65.02
65.03	03330	ENDOSCOPY	2,223,773	125,435,041	0.017728	0	0	65.03
66.00	06600	PHYSICAL THERAPY	953,405	21,277,320	0.044809	32,080	1,437	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	276,839	15,054,984	0.018389	45,383	835	67.00
68.00	06800	SPEECH PATHOLOGY	82,909	5,281,779	0.015697	9,416	148	68.00
68.01	06801	NEURO REHAB	331,326	10,845,757	0.030549	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	147,659	40,542,283	0.003642	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,752	9,470,528	0.010533	0	0	70.00
70.01	03950	NUTRITION SUPPORT	88,611	545,894	0.162323	5,042	818	70.01
70.03	03952	CARDIAC CATH LAB	2,418,362	163,924,730	0.014753	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	100,498	2,080,813	0.048297	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,065,201	177,709,033	0.011621	0	0	71.00
71.01	07101	COST OF SOLUTIONS	315,558	72,519,428	0.004351	29,562	129	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,048,672	181,988,593	0.011257	6,957	78	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,929,549	438,862,632	0.013511	499,981	6,755	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	213,212	13,155,337	0.016207	4,668	76	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	116,309	1,603,329	0.072542	485	35	90.00
90.01	09001	ANTI COAG CLINIC	135,640	4,127,518	0.032862	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	28,244	9,492	2.975558	0	0	90.02
90.03	09003	RHEUMATOLOGY	26,686	873	30.568156	0	0	90.03
91.00	09100	EMERGENCY	3,351,844	241,580,153	0.013875	704,383	9,773	91.00
91.01	09101	PARTIAL HOSPITALIZATION	45,644	2,179,620	0.020941	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	77,299,871	0.000000	30,368	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	48,814,005	3,164,259,248		2,367,304	36,078	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	105	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	38	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	81	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	119,100	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	6	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	5	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	1	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	2	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	8	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	1	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
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	919,069	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	90	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	62	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	6	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,038,954	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am				
Title XVIII			Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	105	105	434,961,483	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	38	38	60,656,083	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,705,002	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,670,588	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81	81	443,752,105	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,231,023	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	83,069	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5	5	102,346,611	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,981,099	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,170,318	0.000000	58.00
60.00	06000	LABORATORY	0	119,100	119,100	296,178,177	0.000402	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	6	6	19,055,639	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	371	371	13,696,210	0.000027	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	46,121,027	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	7,155,806	0.000000	65.02
65.03	03330	ENDOSCOPY	0	5	5	125,435,041	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	1	1	21,277,320	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,054,984	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,281,779	0.000000	68.00
68.01	06801	NEURO REHAB	0	2	2	10,845,757	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,542,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,470,528	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	8	8	545,894	0.000015	70.01
70.03	03952	CARDIAC CATH LAB	0	1	1	163,924,730	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,080,813	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,709,033	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,519,428	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,988,593	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	919,069	919,069	438,862,632	0.002094	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	13,155,337	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	90	90	1,603,329	0.000056	90.00
90.01	09001	ANTI COAG CLINIC	0	62	62	4,127,518	0.000015	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	9,492	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	873	0.000000	90.03
91.00	09100	EMERGENCY	0	6	6	241,580,153	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,179,620	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	77,299,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,038,954	1,038,954	3,164,259,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am		
Title XVIII			Subprovider - IPF	PPS		
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	193,744	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	205	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	221,271	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,029	0	0	58.00
60.00	06000	LABORATORY	544,912	219	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	15,156	0	0	65.00
65.02	06502	DIALYSIS	15,662	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	32,080	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	45,383	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,416	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	5,042	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	29,562	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,957	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	499,981	1,047	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,668	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	485	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	90.03
91.00	09100	EMERGENCY	704,383	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	30,368	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50 through 199)	2,367,304	1,266	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 11:04 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,510,729	434,961,483	0.017268	59,347	1,025	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	757,186	60,656,083	0.012483	0	0	50.01
51.00	05100	RECOVERY ROOM	1,704,873	99,705,002	0.017099	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	527,604	3,670,588	0.143738	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,065,808	443,752,105	0.013669	305,499	4,176	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	128,875	1,231,023	0.104689	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	150,384	83,069	1.810350	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,906,323	102,346,611	0.038168	0	0	55.00
56.00	05600	RADIOISOTOPE	149,604	6,981,099	0.021430	3,039	65	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	455,840	23,170,318	0.019673	19,854	391	58.00
60.00	06000	LABORATORY	4,681,367	296,178,177	0.015806	717,835	11,346	60.00
60.01	06001	ANATOMICAL PATHOLOGY	348,502	19,055,639	0.018289	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	182,158	13,696,210	0.013300	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,009,234	46,121,027	0.021882	140,621	3,077	65.00
65.02	06502	DIALYSIS	235,825	7,155,806	0.032956	209,119	6,892	65.02
65.03	03330	ENDOSCOPY	2,223,773	125,435,041	0.017728	29,476	523	65.03
66.00	06600	PHYSICAL THERAPY	953,405	21,277,320	0.044809	1,709,363	76,595	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	276,839	15,054,984	0.018389	1,755,728	32,286	67.00
68.00	06800	SPEECH PATHOLOGY	82,909	5,281,779	0.015697	654,644	10,276	68.00
68.01	06801	NEURO REHAB	331,326	10,845,757	0.030549	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	147,659	40,542,283	0.003642	1,779	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,752	9,470,528	0.010533	0	0	70.00
70.01	03950	NUTRITION SUPPORT	88,611	545,894	0.162323	10,560	1,714	70.01
70.03	03952	CARDIAC CATH LAB	2,418,362	163,924,730	0.014753	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	100,498	2,080,813	0.048297	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,065,201	177,709,033	0.011621	278,563	3,237	71.00
71.01	07101	COST OF SOLUTIONS	315,558	72,519,428	0.004351	22,266	97	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,048,672	181,988,593	0.011257	1,304	15	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,929,549	438,862,632	0.013511	1,134,787	15,332	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	213,212	13,155,337	0.016207	45,809	742	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	116,309	1,603,329	0.072542	4,653	338	90.00
90.01	09001	ANTI COAG CLINIC	135,640	4,127,518	0.032862	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	28,244	9,492	2.975558	0	0	90.02
90.03	09003	RHEUMATOLOGY	26,686	873	30.568156	0	0	90.03
91.00	09100	EMERGENCY	3,351,844	241,580,153	0.013875	2,010	28	91.00
91.01	09101	PARTIAL HOSPITALIZATION	45,644	2,179,620	0.020941	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	77,299,871	0.000000	7,275	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	48,814,005	3,164,259,248		7,113,531	168,161	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	105	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	38	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	81	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	119,100	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	6	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	5	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	1	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	2	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	8	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	1	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
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	919,069	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	90	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	62	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	6	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,038,954	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	105	105	434,961,483	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	38	38	60,656,083	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,705,002	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,670,588	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81	81	443,752,105	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,231,023	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	83,069	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5	5	102,346,611	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,981,099	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,170,318	0.000000	58.00
60.00	06000	LABORATORY	0	119,100	119,100	296,178,177	0.000402	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	6	6	19,055,639	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	371	371	13,696,210	0.000027	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	46,121,027	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	7,155,806	0.000000	65.02
65.03	03330	ENDOSCOPY	0	5	5	125,435,041	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	1	1	21,277,320	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,054,984	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,281,779	0.000000	68.00
68.01	06801	NEURO REHAB	0	2	2	10,845,757	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,542,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,470,528	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	8	8	545,894	0.000015	70.01
70.03	03952	CARDIAC CATH LAB	0	1	1	163,924,730	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,080,813	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,709,033	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,519,428	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,988,593	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	919,069	919,069	438,862,632	0.002094	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	13,155,337	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	90	90	1,603,329	0.000056	90.00
90.01	09001	ANTI COAG CLINIC	0	62	62	4,127,518	0.000015	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	9,492	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	873	0.000000	90.03
91.00	09100	EMERGENCY	0	6	6	241,580,153	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,179,620	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	77,299,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,038,954	1,038,954	3,164,259,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	59,347	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000001	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	305,499	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	3,039	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	19,854	0	0	58.00
60.00	06000	LABORATORY	0.000402	717,835	289	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000027	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	140,621	0	0	65.00
65.02	06502	DIALYSIS	0.000000	209,119	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	29,476	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000000	1,709,363	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,755,728	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	654,644	0	0	68.00
68.01	06801	NEURO REHAB	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,779	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000015	10,560	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	278,563	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	22,266	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,304	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002094	1,134,787	2,376	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	45,809	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000056	4,653	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.000000	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	2,010	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	7,275	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		7,113,531	2,665	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	105	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	38	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	81	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	119,100	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	6	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	5	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	1	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	2	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	8	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	1	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
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	919,069	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	90	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	62	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	6	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,038,954	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am		
				Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	105	105	434,961,483	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	38	38	60,656,083	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,705,002	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,670,588	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81	81	443,752,105	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,231,023	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	83,069	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5	5	102,346,611	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,981,099	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,170,318	0.000000	58.00
60.00	06000	LABORATORY	0	119,100	119,100	296,178,177	0.000402	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	6	6	19,055,639	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	371	371	13,696,210	0.000027	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	46,121,027	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	7,155,806	0.000000	65.02
65.03	03330	ENDOSCOPY	0	5	5	125,435,041	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	1	1	21,277,320	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,054,984	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,281,779	0.000000	68.00
68.01	06801	NEURO REHAB	0	2	2	10,845,757	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,542,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,470,528	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	8	8	545,894	0.000015	70.01
70.03	03952	CARDIAC CATH LAB	0	1	1	163,924,730	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,080,813	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,709,033	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,519,428	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,988,593	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	919,069	919,069	438,862,632	0.002094	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	13,155,337	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	90	90	1,603,329	0.000056	90.00
90.01	09001	ANTI COAG CLINIC	0	62	62	4,127,518	0.000015	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	9,492	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	873	0.000000	90.03
91.00	09100	EMERGENCY	0	6	6	241,580,153	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,179,620	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	77,299,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,038,954	1,038,954	3,164,259,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am			
Cost Center Description			Title XVIII		Skilled Nursing Facility	PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	36,366	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000001	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	259,863	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	48,849	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	9,370	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	28,202	0	0	58.00
60.00	06000	LABORATORY	0.000402	618,412	249	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000027	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	58,347	0	0	65.00
65.02	06502	DIALYSIS	0.000000	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	17,169	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000000	887,510	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	855,141	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	103,123	0	0	68.00
68.01	06801	NEURO REHAB	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,782	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000015	90	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	433,131	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	14,896	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,119	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002094	2,807,456	5,879	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	41,697	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000056	1,262	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.000000	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		6,229,785	6,128	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 11:04 am
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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	12,521,898	0	12,521,898	123,090	101.73	30.00
31.00	INTENSIVE CARE UNIT	5,106,916		5,106,916	35,733	142.92	31.00
31.01	PEDIATRIC ICU	331,183		331,183	1,120	295.70	31.01
31.02	NEONATAL ICU	926,743		926,743	8,378	110.62	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	1,956,725	0	1,956,725	19,381	100.96	40.00
41.00	SUBPROVIDER - IRF	782,260	0	782,260	9,425	83.00	41.00
43.00	NURSERY	353,487		353,487	5,977	59.14	43.00
44.00	SKILLED NURSING FACILITY	851,183		851,183	12,538	67.89	44.00
200.00	Total (lines 30 through 199)	22,830,395		22,830,395	215,642		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	4,159	423,095				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	PEDIATRIC ICU	0	0				
31.02	NEONATAL ICU	0	0				
32.00	CORONARY CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	771	77,840				
41.00	SUBPROVIDER - IRF	360	29,880				
43.00	NURSERY	362	21,409				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	5,652	552,224				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,510,729	434,961,483	0.017268	3,169,585	54,732	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	757,186	60,656,083	0.012483	0	0	50.01
51.00	05100 RECOVERY ROOM	1,704,873	99,705,002	0.017099	1,508,906	25,801	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	527,604	3,670,588	0.143738	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,065,808	443,752,105	0.013669	3,347,606	45,758	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	128,875	1,231,023	0.104689	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	150,384	83,069	1.810350	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	3,906,323	102,346,611	0.038168	76,914	2,936	55.00
56.00	05600 RADIOISOTOPE	149,604	6,981,099	0.021430	77,300	1,657	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	455,840	23,170,318	0.019673	294,772	5,799	58.00
60.00	06000 LABORATORY	4,681,367	296,178,177	0.015806	3,908,403	61,776	60.00
60.01	06001 ANATOMICAL PATHOLOGY	348,502	19,055,639	0.018289	195,094	3,568	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	182,158	13,696,210	0.013300	736,828	9,800	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,009,234	46,121,027	0.021882	2,161,621	47,301	65.00
65.02	06502 DIALYSIS	235,825	7,155,806	0.032956	189,161	6,234	65.02
65.03	03330 ENDOSCOPY	2,223,773	125,435,041	0.017728	452,416	8,020	65.03
66.00	06600 PHYSICAL THERAPY	953,405	21,277,320	0.044809	342,842	15,362	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	276,839	15,054,984	0.018389	315,348	5,799	67.00
68.00	06800 SPEECH PATHOLOGY	82,909	5,281,779	0.015697	148,360	2,329	68.00
68.01	06801 NEURO REHAB	331,326	10,845,757	0.030549	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	147,659	40,542,283	0.003642	330,070	1,202	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	99,752	9,470,528	0.010533	245,461	2,585	70.00
70.01	03950 NUTRITION SUPPORT	88,611	545,894	0.162323	16,500	2,678	70.01
70.03	03952 CARDIAC CATH LAB	2,418,362	163,924,730	0.014753	313,268	4,622	70.03
70.04	03953 CARDIAC REHA SERVICES	100,498	2,080,813	0.048297	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,065,201	177,709,033	0.011621	1,954,823	22,717	71.00
71.01	07101 COST OF SOLUTIONS	315,558	72,519,428	0.004351	2,254,718	9,810	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,048,672	181,988,593	0.011257	1,091,919	12,292	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,929,549	438,862,632	0.013511	5,978,722	80,779	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	213,212	13,155,337	0.016207	104,389	1,692	76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	116,309	1,603,329	0.072542	6,993	507	90.00
90.01	09001 ANTI COAG CLINIC	135,640	4,127,518	0.032862	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	28,244	9,492	2.975558	0	0	90.02
90.03	09003 RHEUMATOLOGY	26,686	873	30.568156	0	0	90.03
91.00	09100 EMERGENCY	3,351,844	241,580,153	0.013875	1,557,582	21,611	91.00
91.01	09101 PARTIAL HOSPITALIZATION	45,644	2,179,620	0.020941	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,657,793	77,299,871	0.021446	77,035	1,652	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	50,471,798	3,164,259,248		30,856,636	459,019	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 11:04 am
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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	
Title XIX		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	42	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	14	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	58	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS		4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	42	123,090	0.00	4,159	30.00
31.00	03100	INTENSIVE CARE UNIT		2	35,733	0.00	0	31.00
31.01	03101	PEDIATRIC ICU		14	1,120	0.01	0	31.01
31.02	03102	NEONATAL ICU		0	8,378	0.00	0	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	19,381	0.00	771	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,425	0.00	360	41.00
43.00	04300	NURSERY		0	5,977	0.00	362	43.00
44.00	04400	SKILLED NURSING FACILITY		0	12,538	0.00	0	44.00
200.00		Total (lines 30 through 199)		58	215,642		5,652	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	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	03101	PEDIATRIC ICU	0					31.01
31.02	03102	NEONATAL ICU	0					31.02
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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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	105	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	38	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	81	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	119,100	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	6	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	5	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	2	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	8	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	1	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
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	919,069	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	62	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	6	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,038,954	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	105	105	434,961,483	0.000000	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	38	38	60,656,083	0.000001	50.01
51.00 05100 RECOVERY ROOM	0	1	1	99,705,002	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,670,588	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	81	81	443,752,105	0.000000	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,231,023	0.000000	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	83,069	0.000000	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	5	5	102,346,611	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	6,981,099	0.000000	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,170,318	0.000000	58.00
60.00 06000 LABORATORY	0	119,100	119,100	296,178,177	0.000402	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	6	6	19,055,639	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	371	371	13,696,210	0.000027	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	3	3	46,121,027	0.000000	65.00
65.02 06502 DIALYSIS	0	0	0	7,155,806	0.000000	65.02
65.03 03330 ENDOSCOPY	0	5	5	125,435,041	0.000000	65.03
66.00 06600 PHYSICAL THERAPY	0	1	1	21,277,320	0.000000	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,054,984	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,281,779	0.000000	68.00
68.01 06801 NEURO REHAB	0	2	2	10,845,757	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	40,542,283	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,470,528	0.000000	70.00
70.01 03950 NUTRITION SUPPORT	0	8	8	545,894	0.000015	70.01
70.03 03952 CARDIAC CATH LAB	0	1	1	163,924,730	0.000000	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	2,080,813	0.000000	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,709,033	0.000000	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	72,519,428	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,988,593	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	919,069	919,069	438,862,632	0.002094	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	13,155,337	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	90	90	1,603,329	0.000056	90.00
90.01 09001 ANTI COAG CLINIC	0	62	62	4,127,518	0.000015	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	9,492	0.000000	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	873	0.000000	90.03
91.00 09100 EMERGENCY	0	6	6	241,580,153	0.000000	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,179,620	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	77,299,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,038,954	1,038,954	3,164,259,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description	Title XIX				Hospital		PPS	
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
	9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0.000000	3,169,585	0	0	0	0	50.00	
50.01 05001 PARKVIEW PREMIER SURGERY	0.000001	0	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	0.000000	1,508,906	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,347,606	0	0	0	0	54.00	
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	0	54.01	
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	0	54.02	
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	0	54.03	
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	0	54.04	
54.05 05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	0	54.05	
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0	0	54.06	
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0	0	54.07	
54.08 05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	0	54.08	
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	0	54.09	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	76,914	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.000000	77,300	0	0	0	0	56.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	294,772	0	0	0	0	58.00	
60.00 06000 LABORATORY	0.000402	3,908,403	1,571	0	0	0	60.00	
60.01 06001 ANATOMICAL PATHOLOGY	0.000000	195,094	0	0	0	0	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000027	736,828	20	0	0	0	62.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	0.000000	2,161,621	0	0	0	0	65.00	
65.02 06502 DIALYSIS	0.000000	189,161	0	0	0	0	65.02	
65.03 03330 ENDOSCOPY	0.000000	452,416	0	0	0	0	65.03	
66.00 06600 PHYSICAL THERAPY	0.000000	342,842	0	0	0	0	66.00	
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0	0	66.01	
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0.000000	315,348	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.000000	148,360	0	0	0	0	68.00	
68.01 06801 NEURO REHAB	0.000000	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0.000000	330,070	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	245,461	0	0	0	0	70.00	
70.01 03950 NUTRITION SUPPORT	0.000015	16,500	0	0	0	0	70.01	
70.03 03952 CARDIAC CATH LAB	0.000000	313,268	0	0	0	0	70.03	
70.04 03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0	0	70.04	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,954,823	0	0	0	0	71.00	
71.01 07101 COST OF SOLUTIONS	0.000000	2,254,718	0	0	0	0	71.01	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,091,919	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.002094	5,978,722	12,519	0	0	0	73.00	
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	104,389	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0.000056	6,993	0	0	0	0	90.00	
90.01 09001 ANTI COAG CLINIC	0.000015	0	0	0	0	0	90.01	
90.02 09002 INFECTIOUS DISEASES	0.000000	0	0	0	0	0	90.02	
90.03 09003 RHEUMATOLOGY	0.000000	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0.000000	1,557,582	0	0	0	0	91.00	
91.01 09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	0	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	77,035	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES							95.00	
200.00 Total (lines 50 through 199)		30,856,636	14,110	0	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.091976	0	2,950,590	0	0 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	0	286,325	0	0 50.01
51.00	05100	RECOVERY ROOM	0.145346	0	1,526,695	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	0	4,161,188	0	0 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	1,287	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154053	0	2,185,311	0	0 55.00
56.00	05600	RADIOISOTOPE	0.140481	0	90,593	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	0	468,795	0	0 58.00
60.00	06000	LABORATORY	0.135572	0	2,631,234	0	0 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	0	207,349	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	0	79,831	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.201533	0	100,848	0	0 65.00
65.02	06502	DIALYSIS	0.527963	0	4,041	0	0 65.02
65.03	03330	ENDOSCOPY	0.092359	0	458,452	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.410604	0	353,161	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	0	300,398	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	0	350,692	0	0 68.00
68.01	06801	NEURO REHAB	0.359938	0	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	0	164,160	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	0	519,755	0	0 70.00
70.01	03950	NUTRITION SUPPORT	2.867106	0	4,888	0	0 70.01
70.03	03952	CARDIAC CATH LAB	0.081200	0	432,123	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	0	2,387	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	0	938,420	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0.051919	0	391,959	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	0	1,326,130	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	0	5,634,010	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.221803	0	223,268	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1.002338	0	4,191	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0.433922	0	24,282	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	141	0	0 90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	0	0	0 90.03
91.00	09100	EMERGENCY	0.127388	0	4,541,935	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	0	1,766,814	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.598926	0	261,302	0	95.00
200.00		Subtotal (see instructions)		0	32,392,555	0	0 200.00
201.00		Less BPB Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	32,392,555	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 11:04 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	271,383	0	50.00
50.01 05001	PARKVIEW PREMIER SURGERY	26,559	0	50.01
51.00 05100	RECOVERY ROOM	221,899	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	302,826	0	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	0	0	54.05
54.06 05406	RADIOLOGY - CMP	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	8,003	0	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	336,654	0	55.00
56.00 05600	RADIOISOTOPE	12,727	0	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	53,678	0	58.00
60.00 06000	LABORATORY	356,722	0	60.00
60.01 06001	ANATOMICAL PATHOLOGY	51,987	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	26,176	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	20,324	0	65.00
65.02 06502	DIALYSIS	2,133	0	65.02
65.03 03330	ENDOSCOPY	42,342	0	65.03
66.00 06600	PHYSICAL THERAPY	145,009	0	66.00
66.01 06601	TRANSITIONAL THERAPY	0	0	66.01
66.02 03650	PV REHAB OUTREACH	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	120,917	0	67.00
68.00 06800	SPEECH PATHOLOGY	131,726	0	68.00
68.01 06801	NEURO REHAB	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	10,131	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	65,041	0	70.00
70.01 03950	NUTRITION SUPPORT	14,014	0	70.01
70.03 03952	CARDIAC CATH LAB	35,088	0	70.03
70.04 03953	CARDIAC REHA SERVICES	733	0	70.04
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	254,403	0	71.00
71.01 07101	COST OF SOLUTIONS	20,350	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	348,190	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,307,102	0	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	49,522	0	76.98
76.99 07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	4,201	0	90.00
90.01 09001	ANTI COAG CLINIC	10,536	0	90.01
90.02 09002	INFECTIOUS DISEASES	1,317	0	90.02
90.03 09003	RHEUMATOLOGY	0	0	90.03
91.00 09100	EMERGENCY	578,588	0	91.00
91.01 09101	PARTIAL HOSPITALIZATION	0	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	362,020	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	156,501	0	95.00
200.00	Subtotal (see instructions)	5,348,802	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)	5,348,802	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 11:04 am
Title XIX			Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,510,729	434,961,483	0.017268	22,284	385	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	757,186	60,656,083	0.012483	0	0	50.01
51.00	05100 RECOVERY ROOM	1,704,873	99,705,002	0.017099	6,946	119	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	527,604	3,670,588	0.143738	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,065,808	443,752,105	0.013669	31,812	435	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	128,875	1,231,023	0.104689	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	150,384	83,069	1.810350	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	3,906,323	102,346,611	0.038168	0	0	55.00
56.00	05600 RADIO SOTOPE	149,604	6,981,099	0.021430	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	455,840	23,170,318	0.019673	0	0	58.00
60.00	06000 LABORATORY	4,681,367	296,178,177	0.015806	124,168	1,963	60.00
60.01	06001 ANATOMICAL PATHOLOGY	348,502	19,055,639	0.018289	260	5	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	182,158	13,696,210	0.013300	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,009,234	46,121,027	0.021882	106	2	65.00
65.02	06502 DIALYSIS	235,825	7,155,806	0.032956	0	0	65.02
65.03	03330 ENDOSCOPY	2,223,773	125,435,041	0.017728	0	0	65.03
66.00	06600 PHYSICAL THERAPY	953,405	21,277,320	0.044809	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	276,839	15,054,984	0.018389	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	82,909	5,281,779	0.015697	417	7	68.00
68.01	06801 NEURO REHAB	331,326	10,845,757	0.030549	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	147,659	40,542,283	0.003642	446	2	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	99,752	9,470,528	0.010533	6,449	68	70.00
70.01	03950 NUTRITION SUPPORT	88,611	545,894	0.162323	1,170	190	70.01
70.03	03952 CARDIAC CATH LAB	2,418,362	163,924,730	0.014753	0	0	70.03
70.04	03953 CARDIAC REHAB SERVICES	100,498	2,080,813	0.048297	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,065,201	177,709,033	0.011621	1,117	13	71.00
71.01	07101 COST OF SOLUTIONS	315,558	72,519,428	0.004351	7,179	31	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,048,672	181,988,593	0.011257	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,929,549	438,862,632	0.013511	123,359	1,667	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	213,212	13,155,337	0.016207	210	3	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	116,309	1,603,329	0.072542	0	0	90.00
90.01	09001 ANTI COAG CLINIC	135,640	4,127,518	0.032862	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	28,244	9,492	2.975558	0	0	90.02
90.03	09003 RHEUMATOLOGY	26,686	873	30.568156	0	0	90.03
91.00	09100 EMERGENCY	3,351,844	241,580,153	0.013875	412,827	5,728	91.00
91.01	09101 PARTIAL HOSPITALIZATION	45,644	2,179,620	0.020941	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	77,299,871	0.000000	4,620	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	48,814,005	3,164,259,248		743,370	10,618	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am	
Title XIX			Subprovider - IPF	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
	1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	105 50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	38 50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	81 54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0 54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00 06000 LABORATORY	0	0	0	0	119,100 60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	6 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371 62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3 65.00
65.02 06502 DIALYSIS	0	0	0	0	0 65.02
65.03 03330 ENDOSCOPY	0	0	0	0	5 65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	1 66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01 06801 NEURO REHAB	0	0	0	0	2 68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	8 70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	1 70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0 71.01
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	919,069 73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90 90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	62 90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0 90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0 90.03
91.00 09100 EMERGENCY	0	0	0	0	6 91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,038,954 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am				
Title XIX			Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	105	105	434,961,483	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	38	38	60,656,083	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,705,002	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,670,588	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81	81	443,752,105	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,231,023	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	83,069	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5	5	102,346,611	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,981,099	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,170,318	0.000000	58.00
60.00	06000	LABORATORY	0	119,100	119,100	296,178,177	0.000402	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	6	6	19,055,639	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	371	371	13,696,210	0.000027	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	46,121,027	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	7,155,806	0.000000	65.02
65.03	03330	ENDOSCOPY	0	5	5	125,435,041	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	1	1	21,277,320	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,054,984	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,281,779	0.000000	68.00
68.01	06801	NEURO REHAB	0	2	2	10,845,757	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,542,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,470,528	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	8	8	545,894	0.000015	70.01
70.03	03952	CARDIAC CATH LAB	0	1	1	163,924,730	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,080,813	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,709,033	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,519,428	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,988,593	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	919,069	919,069	438,862,632	0.002094	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	13,155,337	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	90	90	1,603,329	0.000056	90.00
90.01	09001	ANTI COAG CLINIC	0	62	62	4,127,518	0.000015	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	9,492	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	873	0.000000	90.03
91.00	09100	EMERGENCY	0	6	6	241,580,153	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,179,620	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	77,299,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,038,954	1,038,954	3,164,259,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am			
Cost Center Description			Title XIX		Subprovider - IPF	PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	22,284	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000001	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	6,946	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	31,812	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
60.00	06000	LABORATORY	0.000402	124,168	50	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	260	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000027	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	106	0	0	65.00
65.02	06502	DIALYSIS	0.000000	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	417	0	0	68.00
68.01	06801	NEURO REHAB	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	446	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,449	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000015	1,170	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,117	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	7,179	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002094	123,359	258	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	210	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000056	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.000000	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	412,827	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,620	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		743,370	308	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 11:04 am
		Title XIX	Subprovider - IPF	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	0.091976	0	0	0	0 50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0.092757	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0.145346	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.510522	0	0	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.072774	0	0	0	0 54.00
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0 54.01
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0 54.02
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0 54.03
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0 54.04
54.05 05405 RADIOLOGY - NHMP	0.470108	0	0	0	0 54.05
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0 54.06
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0 54.07
54.08 05408 RADIOLOGY - PULM CLINIC	6.218168	0	0	0	0 54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0 54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0.154053	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.140481	0	0	0	0 56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.114502	0	0	0	0 58.00
60.00 06000 LABORATORY	0.135572	0	1,656	0	0 60.00
60.01 06001 ANATOMICAL PATHOLOGY	0.250720	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	0	0	0	0 62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00 06500 RESPIRATORY THERAPY	0.201533	0	0	0	0 65.00
65.02 06502 DIALYSIS	0.527963	0	0	0	0 65.02
65.03 03330 ENDOSCOPY	0.092359	0	0	0	0 65.03
66.00 06600 PHYSICAL THERAPY	0.410604	0	0	0	0 66.00
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0 66.01
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.402521	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.375618	0	0	0	0 68.00
68.01 06801 NEURO REHAB	0.359938	0	0	0	0 68.01
69.00 06900 ELECTROCARDIOLOGY	0.061712	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.125137	0	0	0	0 70.00
70.01 03950 NUTRITION SUPPORT	2.867106	0	0	0	0 70.01
70.03 03952 CARDIAC CATH LAB	0.081200	0	0	0	0 70.03
70.04 03953 CARDIAC REHA SERVICES	0.306881	0	0	0	0 70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	0	67	0	0 71.00
71.01 07101 COST OF SOLUTIONS	0.051919	0	0	0	0 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.262561	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.232002	0	875	0	0 73.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.221803	0	0	0	0 76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.002338	0	0	0	0 90.00
90.01 09001 ANTI COAG CLINIC	0.433922	0	0	0	0 90.01
90.02 09002 INFECTIOUS DISEASES	9.338812	0	0	0	0 90.02
90.03 09003 RHEUMATOLOGY	77.129439	0	0	0	0 90.03
91.00 09100 EMERGENCY	0.127388	0	16,363	0	0 91.00
91.01 09101 PARTIAL HOSPITALIZATION	0.305772	0	0	0	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.204900	0	9,527	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.598926	0	0	0	0 95.00
200.00	Subtotal (see instructions)	0	28,488	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 - line 201)	0	28,488	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 11:04 am
	Title XIX	Subprovider - IPF	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
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	225	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.02 06502 DIALYSIS	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 NEURO REHAB	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	203	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	90.03
91.00 09100 EMERGENCY	2,084	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,952	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	4,482	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)	4,482	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/28/2019 11:04 am
		Component CCN: 15-T021	Title XIX	Subprovider - IRF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,510,729	434,961,483	0.017268	0	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	757,186	60,656,083	0.012483	0	0	50.01
51.00	05100 RECOVERY ROOM	1,704,873	99,705,002	0.017099	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	527,604	3,670,588	0.143738	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,065,808	443,752,105	0.013669	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	128,875	1,231,023	0.104689	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0.000000	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0.000000	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	150,384	83,069	1.810350	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	3,906,323	102,346,611	0.038168	0	0	55.00
56.00	05600 RADIOISOTOPE	149,604	6,981,099	0.021430	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	455,840	23,170,318	0.019673	0	0	58.00
60.00	06000 LABORATORY	4,681,367	296,178,177	0.015806	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	348,502	19,055,639	0.018289	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	182,158	13,696,210	0.013300	3,236	43	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,009,234	46,121,027	0.021882	0	0	65.00
65.02	06502 DIALYSIS	235,825	7,155,806	0.032956	0	0	65.02
65.03	03330 ENDOSCOPY	2,223,773	125,435,041	0.017728	0	0	65.03
66.00	06600 PHYSICAL THERAPY	953,405	21,277,320	0.044809	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	276,839	15,054,984	0.018389	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	82,909	5,281,779	0.015697	0	0	68.00
68.01	06801 NEURO REHAB	331,326	10,845,757	0.030549	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	147,659	40,542,283	0.003642	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	99,752	9,470,528	0.010533	0	0	70.00
70.01	03950 NUTRITION SUPPORT	88,611	545,894	0.162323	0	0	70.01
70.03	03952 CARDIAC CATH LAB	2,418,362	163,924,730	0.014753	0	0	70.03
70.04	03953 CARDIAC REHAB SERVICES	100,498	2,080,813	0.048297	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,065,201	177,709,033	0.011621	30,943	360	71.00
71.01	07101 COST OF SOLUTIONS	315,558	72,519,428	0.004351	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,048,672	181,988,593	0.011257	68	1	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,929,549	438,862,632	0.013511	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	213,212	13,155,337	0.016207	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	116,309	1,603,329	0.072542	0	0	90.00
90.01	09001 ANTI COAG CLINIC	135,640	4,127,518	0.032862	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	28,244	9,492	2.975558	0	0	90.02
90.03	09003 RHEUMATOLOGY	26,686	873	30.568156	0	0	90.03
91.00	09100 EMERGENCY	3,351,844	241,580,153	0.013875	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	45,644	2,179,620	0.020941	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	77,299,871	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	48,814,005	3,164,259,248		34,247	404	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am		
Title XIX			Subprovider - IRF	PPS		
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	105	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	38	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	81	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	119,100	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	6	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	371	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	5	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	1	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 NEURO REHAB	0	0	0	0	2	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	8	70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	1	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
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	919,069	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	90	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	62	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	6	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,038,954	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am		
				Title XIX		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	105	105	434,961,483	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	38	38	60,656,083	0.000001	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,705,002	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,670,588	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81	81	443,752,105	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,231,023	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	83,069	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5	5	102,346,611	0.000000	55.00
56.00	05600	RADIO SOTOPE	0	0	0	6,981,099	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,170,318	0.000000	58.00
60.00	06000	LABORATORY	0	119,100	119,100	296,178,177	0.000402	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	6	6	19,055,639	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	371	371	13,696,210	0.000027	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	3	46,121,027	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	7,155,806	0.000000	65.02
65.03	03330	ENDOSCOPY	0	5	5	125,435,041	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	1	1	21,277,320	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,054,984	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,281,779	0.000000	68.00
68.01	06801	NEURO REHAB	0	2	2	10,845,757	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	40,542,283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,470,528	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	8	8	545,894	0.000015	70.01
70.03	03952	CARDIAC CATH LAB	0	1	1	163,924,730	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,080,813	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	177,709,033	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,519,428	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	181,988,593	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	919,069	919,069	438,862,632	0.002094	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	13,155,337	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	90	90	1,603,329	0.000056	90.00
90.01	09001	ANTI COAG CLINIC	0	62	62	4,127,518	0.000015	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	9,492	0.000000	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	873	0.000000	90.03
91.00	09100	EMERGENCY	0	6	6	241,580,153	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,179,620	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	77,299,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,038,954	1,038,954	3,164,259,248		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 11:04 am			
Cost Center Description			Title XIX	Subprovider - IRF	PPS		
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000001	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
60.00	06000	LABORATORY	0.000402	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000027	3,236	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
65.02	06502	DIALYSIS	0.000000	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
68.01	06801	NEURO REHAB	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000015	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	30,943	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	68	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.002094	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000056	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000015	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.000000	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		34,247	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		123,090	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		123,090	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)		106,794	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)		34,757	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)		119,635,948	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)		119,635,948	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)		119,635,948	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)		971.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		33,781,719	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)		33,781,719	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		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	44,234,002	35,733	1,237.90	6,166	7,632,891	43.00
43.01	PEDIATRIC ICU	2,759,906	1,120	2,464.20	0	0	43.01
43.02	NEONATAL ICU	9,040,093	8,378	1,079.03	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					61,627,947	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					103,042,557	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)					4,417,075	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,771,209	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,188,284	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					92,854,273	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)					16,296	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					971.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,838,734	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,521,898	119,635,948	0.104667	15,838,734	1,657,793	90.00
91.00	Nursing School cost	0	119,635,948	0.000000	15,838,734	0	91.00
92.00	Allied health cost	42	119,635,948	0.000000	15,838,734	0	92.00
93.00	All other Medical Education	0	119,635,948	0.000000	15,838,734	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,381 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,381 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)			19,381 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			4,155 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)			17,908,335 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)			17,908,335 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)			17,908,335 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)			924.02 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,839,303 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)			3,839,303 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 5/28/2019 11:04 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					386,905		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,226,208		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)					419,489		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					37,344		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					456,833		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,769,375		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,956,725	17,908,335	0.109263	0	0	90.00
91.00	Nursing School cost	0	17,908,335	0.000000	0	0	91.00
92.00	Allied health cost	0	17,908,335	0.000000	0	0	92.00
93.00	All other Medical Education	0	17,908,335	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,425	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,425	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)		9,425	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)		3,645	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)		8,313,364	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)		8,313,364	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)		8,313,364	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)		882.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,215,072	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)		3,215,072	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-T021		Date/Time Prepared: 5/28/2019 11:04 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,310,924		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,525,996		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					302,535		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					170,826		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					473,361		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,052,635		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	782,260	8,313,364	0.094097	0	0	90.00
91.00	Nursing School cost	0	8,313,364	0.000000	0	0	91.00
92.00	Allied health cost	0	8,313,364	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,313,364	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,538	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)		12,538	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,019	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)		7,566,210	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)		7,566,210	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)		7,566,210	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am		
		Title XVIII		Skilled Nursing Facility		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)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						43.00	
43.01	PEDIATRIC ICU						43.01	
43.02	NEONATAL ICU						43.02	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							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)							50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							54.00
55.00	Target amount per discharge							55.00
56.00	Target amount (line 54 x line 55)							56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57.00
58.00	Bonus payment (see instructions)							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							59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							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)							61.00
62.00	Relief payment (see instructions)							62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							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)							64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							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)							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)							68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							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)							7,566,210 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							603.46 71.00
72.00	Program routine service cost (line 9 x line 71)							2,425,306 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							2,425,306 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)							0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							0 80.00
81.00	Inpatient routine service cost per diem limitation							0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)							2,425,306 83.00
84.00	Program inpatient ancillary services (see instructions)							1,661,186 84.00
85.00	Utilization review - physician compensation (see instructions)							0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							4,086,492 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)							0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am
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)		123,090	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		123,090	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)		106,794	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,159	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)		5,977	15.00
16.00	Nursery days (title V or XIX only)		362	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)		119,635,948	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)		119,635,948	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)		119,635,948	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)		971.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,042,298	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,042,298	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		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)	6,023,999	5,977	1,007.86	362	364,845	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	44,234,002	35,733	1,237.90	0	0	43.00
43.01	PEDIATRIC ICU	2,759,906	1,120	2,464.20	0	0	43.01
43.02	NEONATAL ICU	9,040,093	8,378	1,079.03	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,222,381	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,629,524	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)					444,504	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					473,129	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					917,633	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,711,891	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)					16,296	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					971.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,838,734	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,521,898	119,635,948	0.104667	15,838,734	1,657,793	90.00
91.00	Nursing School cost	0	119,635,948	0.000000	15,838,734	0	91.00
92.00	Allied health cost	42	119,635,948	0.000000	15,838,734	0	92.00
93.00	All other Medical Education	0	119,635,948	0.000000	15,838,734	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,381 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,381 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)			19,381 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)			771 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)			5,977 15.00
16.00	Nursery days (title V or XIX only)			362 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)			17,908,335 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)			17,908,335 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)			17,908,335 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)			924.02 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			712,419 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)			712,419 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 5/28/2019 11:04 am	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					109,854		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					822,273		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)					77,840		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,926		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					88,766		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					733,507		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,956,725	17,908,335	0.109263	0	0	90.00
91.00	Nursing School cost	0	17,908,335	0.000000	0	0	91.00
92.00	Allied health cost	0	17,908,335	0.000000	0	0	92.00
93.00	All other Medical Education	0	17,908,335	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,425	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,425	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)		9,425	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)		360	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)		5,977	15.00
16.00	Nursery days (title V or XIX only)		362	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)		8,313,364	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)		8,313,364	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)		8,313,364	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)		882.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		317,538	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)		317,538	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1		
				Component CCN: 15-T021		Date/Time Prepared: 5/28/2019 11:04 am		
				Title XIX	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01	
43.02 NEONATAL ICU	0	0	0.00	0	0		43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						9,468		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						327,006		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)						29,880		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						404		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						30,284		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						296,722		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	782,260	8,313,364	0.094097	0	0	90.00
91.00	Nursing School cost	0	8,313,364	0.000000	0	0	91.00
92.00	Allied health cost	0	8,313,364	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,313,364	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 11:04 am	
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		51,455,895	30.00
31.00	03100	INTENSIVE CARE UNIT		35,210,793	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		12,349	40.00
41.00	04100	SUBPROVIDER - IRF		216,000	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976	69,787,532	6,418,778 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	38,640	3,584 50.01
51.00	05100	RECOVERY ROOM	0.145346	6,999,395	1,017,334 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	40,352,989	2,936,648 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531	703,410	108,699 55.00
56.00	05600	RADIOISOTOPE	0.140481	1,471,101	206,662 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	3,455,532	395,665 58.00
60.00	06000	LABORATORY	0.135572	38,235,160	5,183,617 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	3,013,559	755,560 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	5,754,616	1,886,881 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.201564	12,567,716	2,533,199 65.00
65.02	06502	DIALYSIS	0.527963	3,132,632	1,653,914 65.02
65.03	03330	ENDOSCOPY	0.092359	8,024,517	741,136 65.03
66.00	06600	PHYSICAL THERAPY	0.410604	2,160,205	886,989 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	1,674,713	674,107 67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	938,964	352,692 68.00
68.01	06801	NEURO REHAB	0.359938	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	8,815,664	544,032 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	3,287	411 70.00
70.01	03950	NUTRITION SUPPORT	2.867106	126,328	362,196 70.01
70.03	03952	CARDIAC CATH LAB	0.081200	24,853,485	2,018,103 70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	868	266 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	29,923,141	8,112,074 71.00
71.01	07101	COST OF SOLUTIONS	0.051919	14,648,711	760,546 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	36,181,011	9,499,722 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	47,672,194	11,060,044 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.221998	701,700	155,776 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338	64,395	64,546 90.00
90.01	09001	ANTI COAG CLINIC	0.433922	5,806	2,519 90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	0 90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	0 90.03
91.00	09100	EMERGENCY	0.128195	23,583,462	3,023,282 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	1,312,666	268,965 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		386,203,399	61,627,947 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		386,203,399	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		6,465,467	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976	193,744	17,820 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	0	0 50.01
51.00	05100	RECOVERY ROOM	0.145346	205	30 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	221,271	16,103 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531	0	0 55.00
56.00	05600	RADIOISOTOPE	0.140481	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	8,029	919 58.00
60.00	06000	LABORATORY	0.135572	544,912	73,875 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.201564	15,156	3,055 65.00
65.02	06502	DIALYSIS	0.527963	15,662	8,269 65.02
65.03	03330	ENDOSCOPY	0.092359	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.410604	32,080	13,172 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	45,383	18,268 67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	9,416	3,537 68.00
68.01	06801	NEURO REHAB	0.359938	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	0	0 70.00
70.01	03950	NUTRITION SUPPORT	2.867106	5,042	14,456 70.01
70.03	03952	CARDIAC CATH LAB	0.081200	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0.051919	29,562	1,535 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	6,957	1,827 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	499,981	115,997 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221998	4,668	1,036 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338	485	486 90.00
90.01	09001	ANTI COAG CLINIC	0.433922	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	0 90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	0 90.03
91.00	09100	EMERGENCY	0.128195	704,383	90,298 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	30,368	6,222 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,367,304	386,905 200.00
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)		2,367,304	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		5,209,008	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976	59,347	5,458 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	0	0 50.01
51.00	05100	RECOVERY ROOM	0.145346	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	305,499	22,232 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531	0	0 55.00
56.00	05600	RADIOISOTOPE	0.140481	3,039	427 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	19,854	2,273 58.00
60.00	06000	LABORATORY	0.135572	717,835	97,318 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.201564	140,621	28,344 65.00
65.02	06502	DIALYSIS	0.527963	209,119	110,407 65.02
65.03	03330	ENDOSCOPY	0.092359	29,476	2,722 65.03
66.00	06600	PHYSICAL THERAPY	0.410604	1,709,363	701,871 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	1,755,728	706,717 67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	654,644	245,896 68.00
68.01	06801	NEURO REHAB	0.359938	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	1,779	110 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	0	0 70.00
70.01	03950	NUTRITION SUPPORT	2.867106	10,560	30,277 70.01
70.03	03952	CARDIAC CATH LAB	0.081200	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	278,563	75,518 71.00
71.01	07101	COST OF SOLUTIONS	0.051919	22,266	1,156 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	1,304	342 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	1,134,787	263,273 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221998	45,809	10,170 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338	4,653	4,664 90.00
90.01	09001	ANTI COAG CLINIC	0.433922	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	0 90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	0 90.03
91.00	09100	EMERGENCY	0.128195	2,010	258 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	7,275	1,491 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,113,531	2,310,924 200.00
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)		7,113,531	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976	36,366	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	0	50.01
51.00	05100	RECOVERY ROOM	0.145346	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	259,863	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531	48,849	55.00
56.00	05600	RADIOISOTOPE	0.140481	9,370	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	28,202	58.00
60.00	06000	LABORATORY	0.135572	618,412	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.201564	58,347	65.00
65.02	06502	DIALYSIS	0.527963	0	65.02
65.03	03330	ENDOSCOPY	0.092359	17,169	65.03
66.00	06600	PHYSICAL THERAPY	0.410604	887,510	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	855,141	67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	103,123	68.00
68.01	06801	NEURO REHAB	0.359938	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	1,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	0	70.00
70.01	03950	NUTRITION SUPPORT	2.867106	90	70.01
70.03	03952	CARDIAC CATH LAB	0.081200	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	433,131	71.00
71.01	07101	COST OF SOLUTIONS	0.051919	14,896	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	7,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	2,807,456	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221998	41,697	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338	1,262	90.00
90.01	09001	ANTI COAG CLINIC	0.433922	0	90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	90.03
91.00	09100	EMERGENCY	0.128195	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,229,785	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)		6,229,785	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 11:04 am	
Cost Center Description		Title XIX	Hospital	PPS	
		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		6,650,812	30.00
31.00	03100	INTENSIVE CARE UNIT		3,090,705	31.00
31.01	03101	PEDIATRIC ICU		517,975	31.01
31.02	03102	NEONATAL ICU		1,862,527	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		205,057	40.00
41.00	04100	SUBPROVIDER - IRF		26,433	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976	3,169,585	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	0	50.01
51.00	05100	RECOVERY ROOM	0.145346	1,508,906	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	3,347,606	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531	76,914	55.00
56.00	05600	RADIOISOTOPE	0.140481	77,300	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	294,772	58.00
60.00	06000	LABORATORY	0.135572	3,908,403	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	195,094	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	736,828	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.201564	2,161,621	65.00
65.02	06502	DIALYSIS	0.527963	189,161	65.02
65.03	03330	ENDOSCOPY	0.092359	452,416	65.03
66.00	06600	PHYSICAL THERAPY	0.410604	342,842	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	315,348	67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	148,360	68.00
68.01	06801	NEURO REHAB	0.359938	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	330,070	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	245,461	70.00
70.01	03950	NUTRITION SUPPORT	2.867106	16,500	70.01
70.03	03952	CARDIAC CATH LAB	0.081200	313,268	70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	1,954,823	71.00
71.01	07101	COST OF SOLUTIONS	0.051919	2,254,718	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	1,091,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	5,978,722	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.221998	104,389	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338	6,993	90.00
90.01	09001	ANTI COAG CLINIC	0.433922	0	90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	90.03
91.00	09100	EMERGENCY	0.128195	1,557,582	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	77,035	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		30,856,636	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)		30,856,636	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		2,335,500	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976	22,284	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	0	50.01
51.00	05100	RECOVERY ROOM	0.145346	6,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	31,812	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531	0	55.00
56.00	05600	RADIOISOTOPE	0.140481	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	0	58.00
60.00	06000	LABORATORY	0.135572	124,168	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	260	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.201564	106	65.00
65.02	06502	DIALYSIS	0.527963	0	65.02
65.03	03330	ENDOSCOPY	0.092359	0	65.03
66.00	06600	PHYSICAL THERAPY	0.410604	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	417	68.00
68.01	06801	NEURO REHAB	0.359938	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	6,449	70.00
70.01	03950	NUTRITION SUPPORT	2.867106	1,170	70.01
70.03	03952	CARDIAC CATH LAB	0.081200	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	1,117	71.00
71.01	07101	COST OF SOLUTIONS	0.051919	7,179	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	123,359	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221998	210	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338	0	90.00
90.01	09001	ANTI COAG CLINIC	0.433922	0	90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	90.03
91.00	09100	EMERGENCY	0.128195	412,827	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	4,620	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		743,370	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)		743,370	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		613,496	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091976	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.092757	0	50.01
51.00	05100	RECOVERY ROOM	0.145346	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.510522	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.072774	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.470108	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	6.218168	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.154531	0	55.00
56.00	05600	RADIOISOTOPE	0.140481	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.114502	0	58.00
60.00	06000	LABORATORY	0.135572	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.250720	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.327890	3,236	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.201564	0	65.00
65.02	06502	DIALYSIS	0.527963	0	65.02
65.03	03330	ENDOSCOPY	0.092359	0	65.03
66.00	06600	PHYSICAL THERAPY	0.410604	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.402521	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.375618	0	68.00
68.01	06801	NEURO REHAB	0.359938	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.061712	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.125137	0	70.00
70.01	03950	NUTRITION SUPPORT	2.867106	0	70.01
70.03	03952	CARDIAC CATH LAB	0.081200	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.306881	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.271097	30,943	71.00
71.01	07101	COST OF SOLUTIONS	0.051919	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262561	68	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232002	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.221998	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.002338	0	90.00
90.01	09001	ANTI COAG CLINIC	0.433922	0	90.01
90.02	09002	INFECTIOUS DISEASES	9.338812	0	90.02
90.03	09003	RHEUMATOLOGY	77.129439	0	90.03
91.00	09100	EMERGENCY	0.128195	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.305772	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.204900	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		34,247	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)		34,247	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		54,472,130	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,839,036	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)		4,214,057	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		58,420,160	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		512.99	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)		8.32	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).		2.09	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)		10.41	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.33	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)		9.33	12.00
13.00	Total allowable FTE count for the prior year.		10.41	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.		8.32	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.35	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		9.35	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.018226	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019182	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.018226	21.00
22.00	IME payment adjustment (see instructions)		716,748	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		579,061	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).		1.80	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.08	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)		716,748	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		579,061	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.88	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.38	31.00
32.00	Sum of lines 30 and 31		28.26	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.53	33.00
34.00	Disproportionate share adjustment (see instructions)		2,265,148	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 11:04 am
		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)	0.000927266	0.000972229	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,274,526	8,043,127	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,693,000	2,027,310	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,720,310		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)	86,227,429		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)		86,806,490	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,760,142	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		361,478	52.00
53.00	Nursing and Allied Health Managed Care payment		88,854	53.00
54.00	Special add-on payments for new technologies		10,679	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		115,358	58.00
59.00	Total (sum of amounts on lines 49 through 58)		94,143,001	59.00
60.00	Primary payer payments		47,227	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		94,095,774	61.00
62.00	Deductibles billed to program beneficiaries		7,506,825	62.00
63.00	Coinurance billed to program beneficiaries		168,477	63.00
64.00	Allowable bad debts (see instructions)		692,819	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		450,332	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		213,217	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		86,870,804	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)		-255,396	70.93
70.94	HRR adjustment amount (see instructions)		-99,659	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 11:04 am
		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)		86,515,749	71.00
71.01	Sequestration adjustment (see instructions)		1,730,315	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		85,848,744	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)		-1,063,310	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,120,797	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		57,102,690	2.00
3.00	OPPS payments		48,137,740	3.00
4.00	Outlier payment (see instructions)		499,146	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		153,751	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		48,790,637	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		8,803,547	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		39,987,090	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		177,031	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)		40,164,121	30.00
31.00	Primary payer payments		3,718	31.00
32.00	Subtotal (line 30 minus line 31)		40,160,403	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)		1,045,486	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		679,566	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		748,866	36.00
37.00	Subtotal (see instructions)		40,839,969	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		40,839,969	40.00
40.01	Sequestration adjustment (see instructions)		816,799	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		39,808,600	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		214,570	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 11:04 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		85,807,794		39,773,627	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	03/21/2018	40,950	03/21/2018	22,050	3.01	
3.02			0	02/06/2019	12,923	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)		40,950		34,973	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)		85,848,744		39,808,600	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		214,570	6.01	
6.02	SETTLEMENT TO PROGRAM		1,063,310		0	6.02	
7.00	Total Medicare program liability (see instructions)		84,785,434		40,023,170	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-S021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,131,585		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,131,585		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		66,260		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,197,845		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-T021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		5,688,067		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,688,067		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		88,724		0	6.02
7.00	Total Medicare program liability (see instructions)		5,599,343		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-5516

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 11:04 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,460,570		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,460,570		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,437		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,473,007		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,579,304 1.00
2.00	Net IPF PPS Outlier Payments			117,942 2.00
3.00	Net IPF PPS ECT Payments			17,804 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			53.098630 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,715,050 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,715,050 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,715,050 18.00
19.00	Deductibles			448,732 19.00
20.00	Subtotal (line 18 minus line 19)			3,266,318 20.00
21.00	Coinsurance			70,685 21.00
22.00	Subtotal (line 20 minus line 21)			3,195,633 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			101,858 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			66,208 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			46,113 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,261,841 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			1,266 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,263,107 31.00
31.01	Sequestration adjustment (see instructions)			65,262 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			3,131,585 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			66,260 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			117,942 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,369,956 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0371 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			299,644 3.00
4.00	Outlier Payments			75,602 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			25.821918 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			5,745,202 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,745,202 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,745,202 19.00
20.00	Deductibles			23,695 20.00
21.00	Subtotal (line 19 minus line 20)			5,721,507 21.00
22.00	Coinsurance			15,332 22.00
23.00	Subtotal (line 21 minus line 22)			5,706,175 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,346 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,775 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,006 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,710,950 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,665 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,713,615 32.00
32.01	Sequestration adjustment (see instructions)			114,272 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,688,067 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-88,724 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			75,602 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,725,547	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		6,128	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,731,675	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		235,170	7.00
8.00	Allowable bad debts (see instructions)		10,097	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		6,563	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,503,068	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,503,068	15.00
15.01	Sequestration adjustment (see instructions)		30,061	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		1,460,570	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		12,437	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 11:04 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.53	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.46	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			9.99	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.33	6.00
7.00	Enter the lesser of line 5 or line 6			9.33	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	9.33	0.00	9.33	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	9.33	0.00	9.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	9.33	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.17	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	9.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.13	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	12.13	0.00		17.00
18.00	Per resident amount	97,871.00	0.00		18.00
19.00	Approved amount for resident costs	1,187,175	0	1,187,175	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			93,012.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,187,175	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	48,723	39,478		26.00
27.00	Total Inpatient Days (see instructions)	182,147	182,147		27.00
28.00	Ratio of inpatient days to total inpatient days	0.267493	0.216737		28.00
29.00	Program direct GME amount	317,561	257,305		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		36,357		30.00
31.00	Net Program direct GME amount			538,509	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		116,951,742	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		47,227	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		116,904,515	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		57,256,441	42.00
43.00	Primary payer payments (see instructions)		3,718	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		57,252,723	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		174,157,238	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.671258	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.328742	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		538,509	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		361,478	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		177,031	50.00

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

Provider CCN: 15-0021

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

Worksheet G

Date/Time Prepared:
5/28/2019 11:04 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-214,328	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	165,744,733	0	0	0	4.00
5.00	Other receivable	2,427,327	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	19,698,534	0	0	0	7.00
8.00	Prepaid expenses	3,481,782	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)	191,138,048	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,770,319	0	0	0	12.00
13.00	Land improvements	70,100,225	0	0	0	13.00
14.00	Accumulated depreciation	-27,014,856	0	0	0	14.00
15.00	Buildings	615,458,970	0	0	0	15.00
16.00	Accumulated depreciation	-252,295,607	0	0	0	16.00
17.00	Leasehold improvements	12,308,514	0	0	0	17.00
18.00	Accumulated depreciation	-7,965,459	0	0	0	18.00
19.00	Fixed equipment	19,429,285	0	0	0	19.00
20.00	Accumulated depreciation	-9,440,412	0	0	0	20.00
21.00	Automobiles and trucks	8,168,692	0	0	0	21.00
22.00	Accumulated depreciation	-7,637,508	0	0	0	22.00
23.00	Major movable equipment	458,294,453	0	0	0	23.00
24.00	Accumulated depreciation	-221,277,627	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	13,135,007	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	678,033,996	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	23,541,687	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	25,418,702	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	48,960,389	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	918,132,433	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	46,266,378	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,123,169	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	543,830,702	0	0	0	43.00
44.00	Other current liabilities	10,880,782	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	617,101,031	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,864,202	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,864,202	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	620,965,233	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	297,167,200				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)	297,167,200	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	918,132,433	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0021

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 11:04 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		303,668,267		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		136,674,467			2.00
3.00	Total (sum of line 1 and line 2)		440,342,734		0	3.00
4.00	Additions TO FUND BLAANCE	473,666		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)		473,666		0	10.00
11.00	Subtotal (line 3 plus line 10)		440,816,400		0	11.00
12.00	Deductions TRANSFERS	155,697,028		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		155,697,028		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		285,119,372		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 TO FUND BLAANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions TRANSFERS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0021

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	183,993,611		183,993,611	1.00
2.00	SUBPROVIDER - IPF	29,071,588		29,071,588	2.00
3.00	SUBPROVIDER - IRF	14,137,500		14,137,500	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	7,272,040		7,272,040	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)	234,474,739		234,474,739	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	100,556,555		100,556,555	11.00
11.01	PEDIATRIC ICU	3,719,287		3,719,287	11.01
11.02	NEONATAL ICU	37,925,662		37,925,662	11.02
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	142,201,504		142,201,504	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	376,676,243		376,676,243	17.00
18.00	Ancillary services	1,396,996,786	1,857,189,473	3,254,186,259	18.00
19.00	Outpatient services	0	0	0	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		23,939,154	23,939,154	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	13,848,406	13,848,406	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,773,673,029	1,894,977,033	3,668,650,062	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,046,298,847		29.00
30.00	HOME OFFICE INTEREST EXPENSE	12,047,828			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)		12,047,828		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)		1,058,346,675		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0021

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 11:04 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,668,650,062	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,527,880,786	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,140,769,276	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,058,346,675	4.00
5.00	Net income from service to patients (line 3 minus line 4)	82,422,601	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,261,287	6.00
7.00	Income from investments	-299,534	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	-5,801	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	4,310	12.00
13.00	Revenue from laundry and linen service	268,129	13.00
14.00	Revenue from meals sold to employees and guests	5,280,854	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	17,186,030	17.00
18.00	Revenue from sale of medical records and abstracts	914	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	8,011,975	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICES BILLED	15,165,738	24.00
24.01	OTHER HEALTH FITNESS INCOME	162,466	24.01
24.02	OTHER OPERATING INCOME	8,845,511	24.02
24.03	OTHER GAIN ON SALE OF ASSET	-146,100	24.03
25.00	Total other income (sum of lines 6-24)	55,735,779	25.00
26.00	Total (line 5 plus line 25)	138,158,380	26.00
27.00	OTHER EXPENSES UNREALIZED LOSS	1,227,126	27.00
27.01	INCOME RELATED TO NON REIMBURSEABLE	-8,750	27.01
27.02	INTERST EXPENSE	265,537	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,483,913	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	136,674,467	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet H

HHA CCN: 15-7423

To 12/31/2018

Date/Time Prepared: 5/28/2019 11:04 am

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,539,398	509,218	0	0	2,094,806	4,143,422	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	4,219,518	1,395,775	362,791	0	0	5,978,084	6.00
7.00	Physical Therapy	934,473	309,115	76,801	0	0	1,320,389	7.00
8.00	Occupational Therapy	576,736	190,779	30,592	0	0	798,107	8.00
9.00	Speech Pathology	130,141	43,049	10,096	0	0	183,286	9.00
10.00	Medical Social Services	145,404	48,098	23,564	0	0	217,066	10.00
11.00	Home Health Aide	306,012	101,226	111,627	0	0	518,865	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	3,894,611	1,288,298	26,579	2,499,554	5,266,357	12,975,399	23.00
23.50	Tel emedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	11,746,293	3,885,558	642,050	2,499,554	7,361,163	26,134,618	24.00
		Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-2,730,555	1,412,867	0	1,412,867			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	-4,635,208	1,342,876	0	1,342,876			6.00
7.00	Physical Therapy	-2,740	1,317,649	0	1,317,649			7.00
8.00	Occupational Therapy	-590	797,517	0	797,517			8.00
9.00	Speech Pathology	-16	183,270	0	183,270			9.00
10.00	Medical Social Services	-17,996	199,070	0	199,070			10.00
11.00	Home Health Aide	-436,986	81,879	0	81,879			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	-5,087,335	7,888,064	-446,777	7,441,287			23.00
23.50	Tel emedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-12,911,426	13,223,192	-446,777	12,776,415			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0021 HHA CCN: 15-7423		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part I Date/Time Prepared: 5/28/2019 11:04 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,412,867	0	0	0	1,412,867	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,342,876	0	0	0	1,342,876	6.00
7.00	Physical Therapy	1,317,649	0	0	0	1,317,649	7.00
8.00	Occupational Therapy	797,517	0	0	0	797,517	8.00
9.00	Speech Pathology	183,270	0	0	0	183,270	9.00
10.00	Medical Social Services	199,070	0	0	0	199,070	10.00
11.00	Home Health Aide	81,879	0	0	0	81,879	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	7,441,287	0	0	0	7,441,287	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	12,776,415	0	0	0	12,776,415	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,412,867					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	166,964	1,509,840				6.00
7.00	Physical Therapy	163,827	1,481,476				7.00
8.00	Occupational Therapy	99,158	896,675				8.00
9.00	Speech Pathology	22,787	206,057				9.00
10.00	Medical Social Services	24,751	223,821				10.00
11.00	Home Health Aide	10,180	92,059				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	925,200	8,366,487				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		12,776,415				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-1
Part II
Date/Time Prepared:
5/28/2019 11:04 am
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,412,867	11,363,548
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,342,876
7.00	Physical Therapy	0	0	0	0	0	1,317,649
8.00	Occupational Therapy	0	0	0	0	0	797,517
9.00	Speech Pathology	0	0	0	0	0	183,270
10.00	Medical Social Services	0	0	0	0	0	199,070
11.00	Home Health Aide	0	0	0	0	0	81,879
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	7,441,287
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,412,867	11,363,548
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	1,412,867
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.124333

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2018

Part I
Date/Time Prepared: 5/28/2019 11:04 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
0	1.00	2.00	4.00	5.01	5.02			
1.00 Administrative and General	0	257,263	51,191	719,044	33,882	16,036	1.00	
2.00 Skilled Nursing Care	1,509,840	0	0	0	0	0	2.00	
3.00 Physical Therapy	1,481,476	0	0	0	0	0	3.00	
4.00 Occupational Therapy	896,675	0	0	0	0	0	4.00	
5.00 Speech Pathology	206,057	0	0	0	0	0	5.00	
6.00 Medical Social Services	223,821	0	0	0	0	0	6.00	
7.00 Home Health Aide	92,059	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	8,366,487	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	12,776,415	257,263	51,191	719,044	33,882	16,036	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G		
	5.03	5.04	5.05	5.06	5A.06	5.07		
1.00 Administrative and General	593	0	268	0	1,078,277	404,934	1.00	
2.00 Skilled Nursing Care	0	0	0	0	1,509,840	567,002	2.00	
3.00 Physical Therapy	0	0	0	0	1,481,476	556,351	3.00	
4.00 Occupational Therapy	0	0	0	0	896,675	336,736	4.00	
5.00 Speech Pathology	0	0	0	0	206,057	77,382	5.00	
6.00 Medical Social Services	0	0	0	0	223,821	84,053	6.00	
7.00 Home Health Aide	0	0	0	0	92,059	34,572	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	8,366,487	3,141,933	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	593	0	268	0	13,854,692	5,202,963	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2018

Part I Date/Time Prepared: 5/28/2019 11:04 am

Home Health Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	199,151	179,161	1,227	213,968	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	199,151	179,161	1,227	213,968	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 11:04 am

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	0	0	1,251,065	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	1,251,065	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

Cost Center Description		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS		SERVICES-SALARY & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	29,631	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	29,631	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2018

Part I
Date/Time Prepared: 5/28/2019 11:04 am

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00						
1.00 Administrative and General	0	0	0	71,159	3,428,573	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	2,076,842	0	2.00
3.00 Physical Therapy	0	0	0	0	2,037,827	0	3.00
4.00 Occupational Therapy	0	0	0	0	1,233,411	0	4.00
5.00 Speech Pathology	0	0	0	0	283,439	0	5.00
6.00 Medical Social Services	0	0	0	0	307,874	0	6.00
7.00 Home Health Aide	0	0	0	0	126,631	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	11,508,420	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	71,159	21,003,017	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	26.00	27.00	28.00				
1.00 Administrative and General	3,428,573						1.00
2.00 Skilled Nursing Care	2,076,842	405,169	2,482,011				2.00
3.00 Physical Therapy	2,037,827	397,558	2,435,385				3.00
4.00 Occupational Therapy	1,233,411	240,625	1,474,036				4.00
5.00 Speech Pathology	283,439	55,296	338,735				5.00
6.00 Medical Social Services	307,874	60,063	367,937				6.00
7.00 Home Health Aide	126,631	24,704	151,335				7.00
8.00 Supplies (see instructions)	0	0	0				8.00
9.00 Drugs	0	0	0				9.00
10.00 DME	0	0	0				10.00
11.00 Home Dialysis Aide Services	0	0	0				11.00
12.00 Respiratory Therapy	0	0	0				12.00
13.00 Private Duty Nursing	0	0	0				13.00
14.00 Clinic	0	0	0				14.00
15.00 Health Promotion Activities	0	0	0				15.00
16.00 Day Care Program	0	0	0				16.00
17.00 Home Delivered Meals Program	0	0	0				17.00
18.00 Homemaker Service	0	0	0				18.00
19.00 All Others (specify)	11,508,420	2,245,158	13,753,578				19.00
19.50 Telemedicine	0	0	0				19.50
20.00 Total (sum of lines 1-19) (2)	21,003,017	3,428,573	21,003,017				20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.195089					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared: 5/28/2019 11:04 am
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUISTION)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	20,339	29,611	8,355,926	276	481	1,088,324	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	20,339	29,611	8,355,926	276	481	1,088,324	20.00
21.00	Total cost to be allocated	257,263	51,191	719,044	33,882	16,036	593	21.00
22.00	Unit cost multiplier	12.648754	1.728783	0.086052	122.760870	33.338877	0.000545	22.00
Cost Center Description		PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
		5.04	5.05	5.06	5A.07	5.07	5.08	
1.00	Administrative and General	0	24,395,084	0	0	1,078,277	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,509,840	0	2.00
3.00	Physical Therapy	0	0	0	0	1,481,476	0	3.00
4.00	Occupational Therapy	0	0	0	0	896,675	0	4.00
5.00	Speech Pathology	0	0	0	0	206,057	0	5.00
6.00	Medical Social Services	0	0	0	0	223,821	0	6.00
7.00	Home Health Aide	0	0	0	0	92,059	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	8,366,487	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	24,395,084	0		13,854,692	0	20.00
21.00	Total cost to be allocated	0	268	0		5,202,963	0	21.00
22.00	Unit cost multiplier	0.000000	0.000011	0.000000		0.375538	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared: 5/28/2019 11:04 am
PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	20,339	20,339	2	20,339	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	20,339	20,339	2	20,339	0	20.00
21.00	Total cost to be allocated	0	199,151	179,161	1,227	213,968	0	21.00
22.00	Unit cost multiplier	0.000000	9.791583	8.808742	613.500000	10.520085	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITTS AND ER (MEALS PREADMITTS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/28/2019 11:04 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	4,521,754	0	0	0	327	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	4,521,754	0	0	0	327	20.00
21.00	Total cost to be allocated	0	1,251,065	0	0	0	29,631	21.00
22.00	Unit cost multiplier	0.000000	0.276677	0.000000	0.000000	0.000000	90.614679	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Prepared: 5/28/2019 11:04 am PPS
		Home Health Agency I	

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
	23.00	23.01	23.02		
1.00 Administrative and General	0	0	4,521,754		1.00
2.00 Skilled Nursing Care	0	0	0		2.00
3.00 Physical Therapy	0	0	0		3.00
4.00 Occupational Therapy	0	0	0		4.00
5.00 Speech Pathology	0	0	0		5.00
6.00 Medical Social Services	0	0	0		6.00
7.00 Home Health Aide	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0		8.00
9.00 Drugs	0	0	0		9.00
10.00 DME	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0		13.00
14.00 Clinic	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0		15.00
16.00 Day Care Program	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0		17.00
18.00 Homemaker Service	0	0	0		18.00
19.00 All Others (specify)	0	0	0		19.00
19.50 Telemedicine	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	4,521,754		20.00
21.00 Total cost to be allocated	0	0	71,159		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.015737		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/28/2019 11:04 am
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			Title XVIII		Home Health Agency I	PPS
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,482,011		2,482,011	36,371	68.24	1.00
2.00	Physical Therapy	3.00	2,435,385	0	2,435,385	9,273	262.63	2.00
3.00	Occupational Therapy	4.00	1,474,036	0	1,474,036	3,876	380.30	3.00
4.00	Speech Pathology	5.00	338,735	0	338,735	1,160	292.01	4.00
5.00	Medical Social Services	6.00	367,937		367,937	926	397.34	5.00
6.00	Home Health Aide	7.00	151,335		151,335	5,366	28.20	6.00
7.00	Total (sum of lines 1-6)		7,249,439	0	7,249,439	56,972		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation								
8.00	Skilled Nursing Care		23060	0	5,782			8.00
8.01	Skilled Nursing Care		99915	0	3,958			8.01
9.00	Physical Therapy		23060	0	1,832			9.00
9.01	Physical Therapy		99915	0	1,202			9.01
10.00	Occupational Therapy		23060	0	711			10.00
10.01	Occupational Therapy		99915	0	527			10.01
11.00	Speech Pathology		23060	0	241			11.00
11.01	Speech Pathology		99915	0	106			11.01
12.00	Medical Social Services		23060	0	160			12.00
12.01	Medical Social Services		99915	0	97			12.01
13.00	Home Health Aide		23060	0	975			13.00
13.01	Home Health Aide		99915	0	731			13.01
14.00	Total (sum of lines 8-13)			0	16,322			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	9,740		0	664,658		1.00
2.00	Physical Therapy	0	3,034		0	796,819		2.00
3.00	Occupational Therapy	0	1,238		0	470,811		3.00
4.00	Speech Pathology	0	347		0	101,327		4.00
5.00	Medical Social Services	0	257		0	102,116		5.00
6.00	Home Health Aide	0	1,706		0	48,109		6.00
7.00	Total (sum of lines 1-6)	0	16,322		0	2,183,840		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0021 HHA CCN: 15-7423		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part I Date/Time Prepared: 5/28/2019 11:04 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	664,658							1.00
2.00	Physical Therapy	796,819							2.00
3.00	Occupational Therapy	470,811							3.00
4.00	Speech Pathology	101,327							4.00
5.00	Medical Social Services	102,116							5.00
6.00	Home Health Aide	48,109							6.00
7.00	Total (sum of lines 1-6)	2,183,840							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-3
Part II
Date/Time Prepared:
5/28/2019 11:04 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.410604	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.402521	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.375618	0	0	col. 2, line 4.00	3.00
3.01	Speech Pathology 1	68.01	0.359938	0	0	col. 2, line 4.01	3.01
4.00	Cost of Medical Supplies	71.00	0.271097	0	0	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.051919	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.232002	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-11 Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	3,403,751	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	3,403,751	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,403,751	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,463,446
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	38,802
13.00	Total PPS Reimbursement - LUPA Episodes		0	65,688
14.00	Total PPS Reimbursement - PEP Episodes		0	25,010
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	4,810
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,597,756
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,597,756
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,597,756
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,597,756
30.00	MSP AND OTHER ADJUSTMENTS FROM PSR		0	-330
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,597,426
31.01	Sequestration adjustment (see instructions)		0	51,949
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,545,477
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-5
Date/Time Prepared:
5/28/2019 11:04 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,545,477	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,545,477	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,545,477	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 15-1552

To 12/31/2018

Date/Time Prepared: 5/28/2019 11:04 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,401,805	1,401,805	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	123,338	0	123,338	1,487,771	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	66,953	0	66,953	0	13.00
14.00	PHARMACY*	0	210,780	210,780	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		1,788,300	1,788,300	0	25.00
26.00	PHYSICIAN SERVICES**	398,587	16,800	415,387	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,399,318	107,377	2,506,695	0	28.00
29.00	LPN/LVN**	390,587	0	390,587	0	29.00
30.00	PHYSICAL THERAPY**	1,393	0	1,393	0	30.00
31.00	OCCUPATIONAL THERAPY**	301	0	301	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	8	0	8	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	561,068	13,474	574,542	0	33.00
34.00	SPIRITUAL COUNSELING**	225,289	12,784	238,073	0	34.00
35.00	DIETARY COUNSELING**	0	830	830	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	201,383	30,377	231,760	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	352,180	352,180	0	38.00
39.00	PATIENT TRANSPORTATION**	0	56,352	56,352	0	39.00
40.00	IMAGING SERVICES**	0	6,875	6,875	0	40.00
41.00	LABS & DIAGNOSTICS**	0	434	434	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	3,206	3,206	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	49,228	66,962	116,190	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	2,800	2,800	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	58,594	58,594	0	71.00
100.00	TOTAL	4,417,453	4,129,930	8,547,383	1,487,771	10,035,154

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet 0
		Hospice CCN: 15-1552		Date/Time Prepared: 5/28/2019 11:04 am
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,401,805	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	1,611,109	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	66,953	13.00
14.00	PHARMACY*	0	210,780	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	1,788,300	25.00
26.00	PHYSICIAN SERVICES**	0	415,387	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,506,695	28.00
29.00	LPN/LVN**	0	390,587	29.00
30.00	PHYSICAL THERAPY**	0	1,393	30.00
31.00	OCCUPATIONAL THERAPY**	0	301	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	8	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	574,542	33.00
34.00	SPIRITUAL COUNSELING**	0	238,073	34.00
35.00	DIETARY COUNSELING**	0	830	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	231,760	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	352,180	38.00
39.00	PATIENT TRANSPORTATION**	0	56,352	39.00
40.00	IMAGING SERVICES**	0	6,875	40.00
41.00	LABS & DIAGNOSTICS**	0	434	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	3,206	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	116,190	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	2,800	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	58,594	71.00
100.00	TOTAL	0	10,035,154	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/28/2019 11:04 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	360,995	15,216	376,211	0	376,211	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,173,034	97,250	2,270,284	0	2,270,284	28.00
29.00	LPN/LVN	353,750	0	353,750	0	353,750	29.00
30.00	PHYSICAL THERAPY	1,261	0	1,261	0	1,261	30.00
31.00	OCCUPATIONAL THERAPY	272	0	272	0	272	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	7	0	7	0	7	32.00
33.00	MEDICAL SOCIAL SERVICES	508,153	12,203	520,356	0	520,356	33.00
34.00	SPIRITUAL COUNSELING	204,042	11,578	215,620	0	215,620	34.00
35.00	DIETARY COUNSELING	0	751	751	0	751	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	182,390	27,512	209,902	0	209,902	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	318,966	318,966	0	318,966	38.00
39.00	PATIENT TRANSPORTATION	0	51,037	51,037	0	51,037	39.00
40.00	IMAGING SERVICES	0	6,226	6,226	0	6,226	40.00
41.00	LABS & DIAGNOSTICS	0	393	393	0	393	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	2,904	2,904	0	2,904	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	44,585	60,646	105,231	0	105,231	46.00
100.00	TOTAL *	3,828,489	604,682	4,433,171	0	4,433,171	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	376,211	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,270,284	28.00
29.00	LPN/LVN	0	353,750	29.00
30.00	PHYSICAL THERAPY	0	1,261	30.00
31.00	OCCUPATIONAL THERAPY	0	272	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	7	32.00
33.00	MEDICAL SOCIAL SERVICES	0	520,356	33.00
34.00	SPIRITUAL COUNSELING	0	215,620	34.00
35.00	DIETARY COUNSELING	0	751	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	209,902	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	318,966	38.00
39.00	PATIENT TRANSPORTATION	0	51,037	39.00
40.00	IMAGING SERVICES	0	6,226	40.00
41.00	LABS & DIAGNOSTICS	0	393	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	2,904	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	105,231	46.00
100.00	TOTAL *	0	4,433,171	100.00

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

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

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0-3

Hospice CCN: 15-1552

To 12/31/2018

Date/Time Prepared: 5/28/2019 11:04 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	742	31	773	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,665	200	4,665	0	28.00
29.00	LPN/LVN	727	0	727	0	29.00
30.00	PHYSICAL THERAPY	3	0	3	0	30.00
31.00	OCCUPATIONAL THERAPY	1	0	1	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,044	25	1,069	0	33.00
34.00	SPIRITUAL COUNSELING	419	24	443	0	34.00
35.00	DIETARY COUNSELING	0	2	2	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	375	57	432	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	655	655	0	38.00
39.00	PATIENT TRANSPORTATION	0	105	105	0	39.00
40.00	IMAGING SERVICES	0	13	13	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	6	6	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	92	125	217	0	46.00
100.00	TOTAL *	7,868	1,244	9,112	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	773	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	4,665	28.00
29.00	LPN/LVN	0	727	29.00
30.00	PHYSICAL THERAPY	0	3	30.00
31.00	OCCUPATIONAL THERAPY	0	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,069	33.00
34.00	SPIRITUAL COUNSELING	0	443	34.00
35.00	DIETARY COUNSELING	0	2	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	432	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	655	38.00
39.00	PATIENT TRANSPORTATION	0	105	39.00
40.00	IMAGING SERVICES	0	13	40.00
41.00	LABS & DIAGNOSTICS	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	6	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	217	46.00
100.00	TOTAL *	0	9,112	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/28/2019 11:04 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		1,788,300	1,788,300	0	1,788,300	25.00
26.00	PHYSICIAN SERVICES	36,850	1,553	38,403	0	38,403	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	221,819	9,927	231,746	0	231,746	28.00
29.00	LPN/LVN	36,110	0	36,110	0	36,110	29.00
30.00	PHYSICAL THERAPY	129	0	129	0	129	30.00
31.00	OCCUPATIONAL THERAPY	28	0	28	0	28	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	1	0	1	0	1	32.00
33.00	MEDICAL SOCIAL SERVICES	51,871	1,246	53,117	0	53,117	33.00
34.00	SPIRITUAL COUNSELING	20,828	1,182	22,010	0	22,010	34.00
35.00	DIETARY COUNSELING	0	77	77	0	77	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	18,618	2,808	21,426	0	21,426	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	32,559	32,559	0	32,559	38.00
39.00	PATIENT TRANSPORTATION	0	5,210	5,210	0	5,210	39.00
40.00	IMAGING SERVICES	0	636	636	0	636	40.00
41.00	LABS & DIAGNOSTICS	0	40	40	0	40	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	296	296	0	296	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	4,551	6,191	10,742	0	10,742	46.00
100.00	TOTAL *	390,805	1,850,025	2,240,830	0	2,240,830	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	1,788,300	25.00
26.00	PHYSICIAN SERVICES	0	38,403	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	231,746	28.00
29.00	LPN/LVN	0	36,110	29.00
30.00	PHYSICAL THERAPY	0	129	30.00
31.00	OCCUPATIONAL THERAPY	0	28	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	1	32.00
33.00	MEDICAL SOCIAL SERVICES	0	53,117	33.00
34.00	SPIRITUAL COUNSELING	0	22,010	34.00
35.00	DIETARY COUNSELING	0	77	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	21,426	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	32,559	38.00
39.00	PATIENT TRANSPORTATION	0	5,210	39.00
40.00	IMAGING SERVICES	0	636	40.00
41.00	LABS & DIAGNOSTICS	0	40	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	296	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	10,742	46.00
100.00	TOTAL *	0	2,240,830	100.00

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

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

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 15-1552

To 12/31/2018

Date/Time Prepared: 5/28/2019 11:04 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	1,401,805	431,768	1,833,573	3.00
4.00 ADMINISTRATIVE & GENERAL	1,611,109	3,930,942	5,542,051	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	0	0	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	0	0	9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00 MEDICAL RECORDS	0	0	0	11.00
12.00 STAFF TRANSPORTATION	0	0	0	12.00
13.00 VOLUNTEER SERVICE COORDINATION	66,953		66,953	13.00
14.00 PHARMACY	210,780	0	210,780	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00 OTHER GENERAL SERVICE	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00 HOSPICE ROUTINE HOME CARE	4,433,171		4,433,171	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	9,112		9,112	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	2,240,830		2,240,830	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0		0	60.00
61.00 VOLUNTEER PROGRAM	2,800		2,800	61.00
62.00 FUNDRAISING	0		0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00 PALLIATIVE CARE PROGRAM	0		0	64.00
65.00 OTHER PHYSICIAN SERVICES	0		0	65.00
66.00 RESIDENTIAL CARE	0		0	66.00
67.00 ADVERTISING	0		0	67.00
68.00 TELEHEALTH/TELEMONITORING	0		0	68.00
69.00 THIRFT STORE	0		0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	58,594		58,594	71.00
99.00 NEGATIVE COST CENTER	0		0	99.00
100.00 TOTAL	10,035,154	4,362,710	14,397,864	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 11:04 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,833,573	0	0	1,833,573	3.00
4.00	ADMINISTRATIVE & GENERAL	5,542,051	0	0	51,195	5,593,246
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	66,953	0	0	27,791	94,744
14.00	PHARMACY	210,780	0	0	0	210,780
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	4,433,171			1,589,109	6,022,280
52.00	HOSPICE INPATIENT RESPIRE CARE	9,112	0	0	3,265	12,377
53.00	HOSPICE GENERAL INPATIENT CARE	2,240,830	0	0	162,213	2,403,043
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	2,800	0	0	0	2,800
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	58,594	0	0	0	58,594
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	14,397,864	0	0	1,833,573	14,397,864

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 11:04 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	5,593,246					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	60,187	0		0		13.00
14.00 PHARMACY	133,901	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	3,825,729					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	7,863	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,526,564	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	1,779	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	37,223	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0		0		99.00
100.00 TOTAL	5,593,246	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part I
Date/Time Prepared:
5/28/2019 11:04 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	154,931
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	139,910
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	736
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	14,285
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	154,931

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2018

Part I
Date/Time Prepared:
5/28/2019 11:04 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	344,681					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	249,702	0	0		10,237,621	51.00
52.00	786	0	0	0	21,762	52.00
53.00	94,193	0	0	0	4,038,085	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		4,579	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	95,817	71.00
99.00	0	0	0	0	0	99.00
100.00	344,681	0	0	0	14,397,864	100.00

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

Provider CCN: 15-0021

Hospice CCN: 15-1552

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,417,452			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	123,338	-5,593,246	8,804,618	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	66,953	0	94,744	13.00
14.00	PHARMACY	0	0	0	0	210,780	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,828,489	0	6,022,280	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	7,867	0	12,377	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	390,805	0	2,403,043	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	2,800	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	58,594	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			1,833,573		5,593,246	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.415075		0.635263	101.00

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part II
Date/Time Prepared:
5/28/2019 11:04 am

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

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part II
Date/Time Prepared:
5/28/2019 11:04 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,527		13.00
14.00	PHARMACY			0	0	10,880,340	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	2,282	7,882,160	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	12	24,820	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	233	2,973,360	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	154,931	344,681	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	61.310249	0.031679	101.00

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

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

Part II
Date/Time Prepared:
5/28/2019 11:04 am

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

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

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0-7

Hospice CCN: 15-1552

To 12/31/2018

Date/Time Prepared: 5/28/2019 11:04 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 Line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.410604	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	66.01	0.000000	0	0	0	1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.402521	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.375618	0	0	0	3.00
3.01	NEURO REHAB	68.01	0.359938	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.232002	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.135572	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	60.01	0.250720	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.271097	0	0	0	7.00
7.01	COST OF SOLUTIONS	71.01	0.051919	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.154053	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.221803	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	0	0	0	0	0	1.01
1.02	PV REHAB OUTREACH	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
3.01	NEURO REHAB	0	0	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
7.01	COST OF SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0021

Period: From 01/01/2018

Worksheet 0-8

Hospice CCN: 15-1552

To 12/31/2018

Date/Time Prepared: 5/28/2019 11:04 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			10,237,621
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			38,931
8.00	Total average cost per diem (line 6 divided by line 7)			262.97
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	33,592	1,936	35,528
10.00	Program cost (line 8 times line 9)	8,833,688	509,110	9,342,798
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			21,762
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			80
13.00	Total average cost per diem (line 11 divided by line 12)			272.03
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	69	4	73
15.00	Program cost (line 13 times line 14)	18,770	1,088	19,858
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			4,038,085
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,974
18.00	Total average cost per diem (line 16 divided by line 17)			1,016.13
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	3,429	198	3,627
20.00	Program cost (line 18 times line 19)	3,484,310	201,194	3,685,504
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			14,297,468
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			42,985
23.00	Average cost per diem (line 21 divided by line 22)			332.62

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0021	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 11:04 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,803,823	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		579,071	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)		430.09	3.00
4.00	Number of interns & residents (see instructions)		9.35	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)		35,403	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.88	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.38	8.00
9.00	Sum of lines 7 and 8		28.26	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.89	10.00
11.00	Disproportionate share adjustment (see instructions)		341,845	11.00
12.00	Total prospective capital payments (see instructions)		6,760,142	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