

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: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/24/2019 1:07 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 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
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/24/2019 Time: 1:07 pm

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 SCHNECK MEDICAL CENTER (15-0065) 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) DEBBIE MANN
 Officer or Administrator of Provider(s)

CFO
 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	255,732	187,409	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	-1	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	255,731	187,409	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: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 1:07 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 411 WEST TIPTON STREET			PO Box:						1.00	
2.00	City: SEYMOUR			State: IN		Zip Code: 47274-		County: JACKSON		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		O	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)						8			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	622	685	0	5	1,330	90		24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 1:07 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		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.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0065

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

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

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			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00			
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00			
			V 1.00	XIX 2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06		
Rural Providers							
105.00	Does this hospital qualify as a CAH?		N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00		
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N	109.00
			1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 1:07 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,436,927	0		118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 1:07 pm
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		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00		
								2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
		Part A	Part B	Title V	Title XIX					
		1.00	2.00	3.00	4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N			155.00		
156.00	Subprovider - IPF	N	N	N	N			156.00		
157.00	Subprovider - IRF	N	N	N	N			157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N			159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00		
161.00	CMHC		N	N	N			161.00		
								1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
		Beginning		Ending						
		1.00		2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							01/01/2018	12/31/2018	170.00
								1.00		
								2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/24/2019 1:07 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/26/2019			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	02/15/2019	Y	02/15/2019		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: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/24/2019 1:07 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-992-3500		LGERBER@BLUEANDCO.COM	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	84	30,660	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)		84	30,660	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		91	33,215	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	2	730			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		93			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,863	1,589	7,610			1.00
2.00 HMO and other (see instructions)	236	260				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	47	0	47			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	17			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,910	1,589	7,674			7.00
8.00 INTENSIVE CARE UNIT	456	54	1,061			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		739	1,478			13.00
14.00 Total (see instructions)	3,366	2,382	10,213	0.00	838.68	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,258	0	8,839	0.00	16.64	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	394	8	407	0.00	10.47	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	865.79	27.00
28.00 Observation Bed Days		372	2,271			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	90	152			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: 15-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	817	486	2,607	1.00
2.00	HMO and other (see instructions)			52	77		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	817	486	2,607	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2019 1:07 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	64,499,578	0	64,499,578	1,800,860.65	35.82
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	333,846	333,846	3,809.00	87.65
4.00	Physician-Part A - Administrative		255,252	0	255,252	1,241.20	205.65
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		9,361,821	0	9,361,821	59,033.00	158.59
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,826,500	537,770	13,364,270	316,599.65	42.21
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		720,808	0	720,808	10,405.10	69.27
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		244,598	0	244,598	1,732.00	141.22
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,690,195	0	12,690,195		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,143,312	0	3,143,312		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		53,858	0	53,858		
22.00	Physician Part A - Administrative		30,638	0	30,638		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,208,914	0	1,208,914		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	596,582	0	596,582	13,777.40	43.30
27.00	Administrative & General	5.00	7,164,769	0	7,164,769	246,395.02	29.08

5/24/2019 1:07 pm

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2019 1:07 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		715,277	0	715,277	3,565.38	200.62	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,454,949	0	1,454,949	49,898.72	29.16	30.00
31.00	Laundry & Linen Service	8.00	43,317	0	43,317	3,321.84	13.04	31.00
32.00	Housekeeping	9.00	895,406	0	895,406	62,362.75	14.36	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	717,071	-474,804	242,267	13,685.61	17.70	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	474,804	474,804	26,823.00	17.70	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,047,018	-416	2,046,602	53,965.34	37.92	38.00
39.00	Central Services and Supply	14.00	857,864	0	857,864	37,958.75	22.60	39.00
40.00	Pharmacy	15.00	1,377,683	0	1,377,683	32,453.90	42.45	40.00
41.00	Medical Records & Medical Records Library	16.00	1,021,083	0	1,021,083	42,967.96	23.76	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	550,023	0	550,023	8,764.60	62.76	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2019 1:07 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es 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)	55,853,034	-333,846	55,519,188	1,741,584.03	31.88	1.00
2.00	Excluded area salaries (see instructions)	12,826,500	537,770	13,364,270	316,599.65	42.21	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,026,534	-871,616	42,154,918	1,424,984.38	29.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	965,406	0	965,406	12,137.10	79.54	4.00
5.00	Subtotal wage-related costs (see inst.)	12,720,833	0	12,720,833	0.00	30.18	5.00
6.00	Total (sum of lines 3 thru 5)	56,712,773	-871,616	55,841,157	1,437,121.48	38.86	6.00
7.00	Total overhead cost (see instructions)	17,441,042	-416	17,440,626	595,940.27	29.27	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2019 1:07 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,108,112	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	11,251,707	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)	268,021	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)	222,970	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	10,397	14.00
15.00	'Workers' Compensation Insurance	122,254	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,034,753	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))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	108,703	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,126,917	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: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/24/2019 1:07 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	720,808	17,126,917	1.00
2.00	Hospital	720,808	17,126,917	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-7155		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/24/2019 1:07 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	JACKSON				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,129	0	1,450	2,579	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	235.00	0.00	140.00	0.00	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	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				4.03	0.00	5.00
6.00	Direct Nursing Service				8.47	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				2.57	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				2.34	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.13	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.00	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				1.24	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	18020					20.00
20.01		31140					20.01
20.02		99915					20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,091	228	60	57	1,436	21.00
22.00	Skilled Nursing Visit Charges	289,314	60,464	15,900	15,105	380,783	22.00
23.00	Physical Therapy Visits	1,330	43	14	27	1,414	23.00
24.00	Physical Therapy Visit Charges	410,970	13,287	4,326	8,343	436,926	24.00
25.00	Occupational Therapy Visits	857	62	5	25	949	25.00
26.00	Occupational Therapy Visit Charges	264,854	19,158	1,545	7,725	293,282	26.00
27.00	Speech Pathology Visits	38	10	0	0	48	27.00
28.00	Speech Pathology Visit Charges	11,742	3,090	0	0	14,832	28.00
29.00	Medical Social Service Visits	2	0	0	0	2	29.00
30.00	Medical Social Service Visit Charges	762	0	0	0	762	30.00
31.00	Home Health Aide Visits	340	40	1	28	409	31.00
32.00	Home Health Aide Visit Charges	49,640	5,840	146	4,088	59,714	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,658	383	80	137	4,258	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,027,282	101,839	21,917	35,261	1,186,299	35.00
36.00	Total Number of Episodes (standard/non outlier)	249		31	6	286	36.00
37.00	Total Number of Outlier Episodes		11		4	15	37.00
38.00	Total Non-Routine Medical Supply Charges	10,162	910	994	199	12,265	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-7

Date/Time Prepared:
5/24/2019 1:07 pm

		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	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 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	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 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: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet S-7 Date/Time Prepared: 5/24/2019 1:07 pm	
		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	0	69.00
70.00		PE1	0	0	0	0	70.00
71.00		PD2	0	0	0	0	71.00
72.00		PD1	0	0	0	0	72.00
73.00		PC2	0	0	0	0	73.00
74.00		PC1	0	0	0	0	74.00
75.00		PB2	0	0	0	0	75.00
76.00		PB1	0	0	0	0	76.00
77.00		PA2	0	0	0	0	77.00
78.00		PA1	0	0	0	0	78.00
199.00		AAA	0	47	47	47	199.00
200.00	TOTAL		0	47	47	47	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).		99915	99915	201.00	
			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		0	0.00		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	OTHER (SPECIFY)		0	0.00		206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0065
Hospice CCN: 15-1529

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/24/2019 1:07 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	7,179	0	3,386	10,565	11.00
12.00	Hospice Inpatient Respite Care	192	0	81	273	12.00
13.00	Hospice General Inpatient Care	103	0	31	134	13.00
14.00	Total Hospice Days	7,474	0	3,498	10,972	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: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/24/2019 1:07 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.275087	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		14,051,592	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?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		3,453,828	5.00	
6.00	Medicaid charges		56,911,838	6.00	
7.00	Medicaid cost (line 1 times line 6)		15,655,707	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		69,578	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		110,514	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,138,748	1,140,816	4,279,564	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	863,429	1,140,816	2,004,245	21.00
22.00	Payments received from patients for amounts previously written off as charity care	62,426	77,477	139,903	22.00
23.00	Cost of charity care (line 21 minus line 22)	801,003	1,063,339	1,864,342	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)		14,448,869	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		211,793	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		325,836	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		14,123,033	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,999,106	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,863,448	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,863,448	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/24/2019 1:07 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		8,667,820	8,667,820	-3,564,350	5,103,470	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	4,355,604	4,355,604	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	596,582	17,535,439	18,132,021	-70	18,131,951	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	7,164,769	16,850,404	24,015,173	-212,208	23,802,965	5.00
7.00 00700 OPERATION OF PLANT	1,454,949	2,212,530	3,667,479	0	3,667,479	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	43,317	280,784	324,101	0	324,101	8.00
9.00 00900 HOUSEKEEPING	895,406	299,488	1,194,894	0	1,194,894	9.00
10.00 01000 DIETARY	717,071	612,865	1,329,936	-881,532	448,404	10.00
11.00 01100 CAFETERIA	0	0	0	878,436	878,436	11.00
13.00 01300 NURSING ADMINISTRATION	2,047,018	616,293	2,663,311	-416	2,662,895	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	857,864	6,507,299	7,365,163	-6,302,470	1,062,693	14.00
15.00 01500 PHARMACY	1,377,683	8,755,502	10,133,185	-6,728,091	3,405,094	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,021,083	217,064	1,238,147	0	1,238,147	16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	550,023	57,052	607,075	0	607,075	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	333,846	333,846	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,759,056	1,273,123	8,032,179	-2,372,699	5,659,480	30.00
31.00 03100 INTENSIVE CARE UNIT	1,110,700	375,413	1,486,113	-157,863	1,328,250	31.00
43.00 04300 NURSERY	0	0	0	519,702	519,702	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,983,912	3,066,484	6,050,396	-1,190,974	4,859,422	50.00
51.00 05100 RECOVERY ROOM	484,914	13,025	497,939	-6,594	491,345	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,150,079	1,150,079	52.00
53.00 05300 ANESTHESIOLOGY	3,468,108	70,431	3,538,539	-333,936	3,204,603	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,683,764	1,176,007	3,859,771	-94,705	3,765,066	54.00
54.01 03630 ULTRA SOUND	376,929	71,754	448,683	-38,505	410,178	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	156,106	156,106	-101,682	54,424	54.02
57.00 05700 CT SCAN	293,243	486,486	779,729	-162,042	617,687	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	168,264	192,490	360,754	-39,937	320,817	58.00
60.00 06000 LABORATORY	1,600,224	3,194,101	4,794,325	-1,683,271	3,111,054	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	282,371	282,371	0	282,371	63.00
64.00 06400 INTRAVENOUS THERAPY	255,523	21,624	277,147	-12,833	264,314	64.00
65.00 06500 RESPIRATORY THERAPY	1,389,413	295,651	1,685,064	-206,284	1,478,780	65.00
66.00 06600 PHYSICAL THERAPY	1,142,019	28,128	1,170,147	-11,167	1,158,980	66.00
67.00 06700 OCCUPATIONAL THERAPY	371,385	26,559	397,944	-21,943	376,001	67.00
68.00 06800 SPEECH PATHOLOGY	258,545	6,141	264,686	-1,020	263,666	68.00
69.00 06900 ELECTROCARDIOLOGY	114,675	135,092	249,767	-65,851	183,916	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,237	4,237	6,833,068	6,837,305	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	4,101,910	4,101,910	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,118,782	7,118,782	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	235,944	61,333	297,277	-26,517	270,760	76.00
76.02 03951 CASE MANAGEMENT	0	0	0	0	0	76.02
76.03 03950 PAIN MANAGEMENT	1,448,078	282,325	1,730,403	-64,047	1,666,356	76.03
76.97 07697 CARDIAC REHABILITATION	414,641	11,093	425,734	-3,456	422,278	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PALLIATIVE HEALTH	272,668	10,404	283,072	-171	282,901	90.01
90.02 09002 VEIN CENTER	481,858	14,934	496,792	-7,623	489,169	90.02
90.03 09003 OBGYN	2,696,541	351,710	3,048,251	-289,298	2,758,953	90.03
91.00 09100 EMERGENCY	5,295,948	543,521	5,839,469	-110,899	5,728,570	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04952 BEHAVIORAL HEALTH	640,961	16,617	657,578	-551,409	106,169	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	1,326,108	144,004	1,470,112	416	1,470,528	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		599,265	599,265	-599,265	0	113.00
116.00 11600 HOSPICE	696,941	176,036	872,977	0	872,977	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	53,696,127	75,699,005	129,395,132	-551,285	128,843,847	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,296,871	324,456	3,621,327	0	3,621,327	192.00
194.00 07950 WELLNESS	0	0	0	0	0	194.00
194.01 07951 JACKSON MOB	0	585,360	585,360	0	585,360	194.01
194.02 07952 EXTERNAL SVCS MARKETING	208,119	957,547	1,165,666	0	1,165,666	194.02
194.03 07953 WASHINGTON CLINIC	214,143	0	214,143	0	214,143	194.03
194.04 07954 PHYSICIAN OFFICES	820,143	170,841	990,984	0	990,984	194.04
194.05 07955 INTEGRATED MEDICINE	412,038	150,671	562,709	0	562,709	194.05
194.06 07956 SURGICAL PROFESSIONAL	1,996,156	125,607	2,121,763	0	2,121,763	194.06
194.07 07957 PRIMARY CARE	3,080,544	726,675	3,807,219	0	3,807,219	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.08 07958 EMPLOYER CLINIC	641,867	124,709	766,576	0	766,576	194.08
194.09 07959 UROLOGY PROF	122,758	690,465	813,223	0	813,223	194.09
194.10 07960 SCOTTSBURG SPECIAL	10,812	43,246	54,058	0	54,058	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	0	551,285	551,285	194.11
200.00 TOTAL (SUM OF LINES 118 through 199)	64,499,578	79,598,582	144,098,160	0	144,098,160	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-688,212	4,415,258	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,355,604	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,300,272	15,831,679	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,083,095	14,719,870	5.00
7.00	00700	OPERATION OF PLANT	0	3,667,479	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	324,101	8.00
9.00	00900	HOUSEKEEPING	0	1,194,894	9.00
10.00	01000	DIETARY	-26,464	421,940	10.00
11.00	01100	CAFETERIA	-411,633	466,803	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,662,895	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,062,693	14.00
15.00	01500	PHARMACY	0	3,405,094	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,647	1,218,500	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	607,075	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-333,846	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-703,386	4,956,094	30.00
31.00	03100	INTENSIVE CARE UNIT	-70,417	1,257,833	31.00
43.00	04300	NURSERY	0	519,702	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-483,449	4,375,973	50.00
51.00	05100	RECOVERY ROOM	0	491,345	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,150,079	52.00
53.00	05300	ANESTHESIOLOGY	-3,134,262	70,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-491,547	3,273,519	54.00
54.01	03630	ULTRA SOUND	-2,130	408,048	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54,424	54.02
57.00	05700	CT SCAN	-10,160	607,527	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	320,817	58.00
60.00	06000	LABORATORY	-28,609	3,082,445	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	282,371	63.00
64.00	06400	INTRAVENOUS THERAPY	0	264,314	64.00
65.00	06500	RESPIRATORY THERAPY	-331,917	1,146,863	65.00
66.00	06600	PHYSICAL THERAPY	-1,102	1,157,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	-528	375,473	67.00
68.00	06800	SPEECH PATHOLOGY	-528	263,138	68.00
69.00	06900	ELECTROCARDIOLOGY	-929	182,987	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,837,305	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	4,101,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-180,154	6,938,628	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	-528	270,232	76.00
76.02	03951	CASE MANAGEMENT	-2,175	-2,175	76.02
76.03	03950	PAIN MANAGEMENT	-871,824	794,532	76.03
76.97	07697	CARDIAC REHABILITATION	0	422,278	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	-225,601	57,300	90.01
90.02	09002	VEIN CENTER	-315,156	174,013	90.02
90.03	09003	OBGYN	-2,174,551	584,402	90.03
91.00	09100	EMERGENCY	-2,729,606	2,998,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04952	BEHAVIORAL HEALTH	-118,473	-12,304	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,470,528	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	872,977	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-24,740,201	104,103,646	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,621,327	192.00
194.00	07950	WELLNESS	0	0	194.00
194.01	07951	JACKSON MOB	0	585,360	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	1,165,666	194.02
194.03	07953	WASHINGTON CLINIC	0	214,143	194.03
194.04	07954	PHYSICIAN OFFICES	0	990,984	194.04
194.05	07955	INTEGRATED MEDICINE	0	562,709	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	2,121,763	194.06
194.07	07957	PRIMARY CARE	0	3,807,219	194.07
194.08	07958	EMPLOYER CLINIC	0	766,576	194.08
194.09	07959	UROLOGY PROF	0	813,223	194.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/24/2019 1:07 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.10	07960	SCOTTSBURG SPECIAL	0	54,058	194.10
194.11	07961	BEHAVIORAL HEALTH	0	551,285	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-24,740,201	119,357,959	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,300,349	1.00
	O		0	4,300,349	
B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	136,734	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	55,255	2.00
	O		0	191,989	
C - CAFETERIA					
1.00	CAFETERIA	11.00	474,804	403,632	1.00
	O		474,804	403,632	
D - BOND INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	599,265	1.00
	O		0	599,265	
E - NURSERY					
1.00	NURSERY	43.00	491,808	27,894	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,088,352	61,727	2.00
	O		1,580,160	89,621	
F - NONPHYSICIAN ANESTHETIST					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	333,846	0	1.00
	O		333,846	0	
G - HOME HEALTH SOCIAL WORKER					
1.00	HOME HEALTH AGENCY	101.00	416	0	1.00
	O		416	0	
H - IMPLANTABLE DEVICES					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	4,101,910	1.00
	O		0	4,101,910	
I - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,118,782	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
	O		0	7,118,782	
J - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,934,978	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

Provider CCN: 15-0065

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

Worksheet A-6
Date/Time Prepared:
5/24/2019 1:07 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
		0		0	10,934,978	
		K - MENTAL HEALTH				
1.00		BEHAVIORAL HEALTH	194.11	537,354	13,931	1.00
		TOTALS		537,354	13,931	
500.00		Grand Total: Increases		2,926,580	27,754,457	500.00

RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6
Date/Time Prepared:
5/24/2019 1:07 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,300,349	9		1.00
	O		0	4,300,349			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	191,989	12		1.00
2.00	O	0.00	0	0	12		2.00
	O		0	191,989			
C - CAFETERIA							
1.00	DIETARY	10.00	474,804	403,632	0		1.00
	O		474,804	403,632			
D - BOND INTEREST							
1.00	INTEREST EXPENSE	113.00	0	599,265	11		1.00
	O		0	599,265			
E - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,580,160	89,621	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		1,580,160	89,621			
F - NONPHYSICIAN ANESTHETIST							
1.00	ANESTHESIOLOGY	53.00	333,846	0	0		1.00
	O		333,846	0			
G - HOME HEALTH SOCIAL WORKER							
1.00	NURSING ADMINISTRATION	13.00	416	0	0		1.00
	O		416	0			
H - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,101,910	0		1.00
	O		0	4,101,910			
I - DRUGS							
1.00	PHARMACY	15.00	0	6,571,432	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	194,429	0		2.00
3.00	OPERATING ROOM	50.00	0	327	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,373	0		4.00
5.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	101,205	0		5.00
6.00	CT SCAN	57.00	0	83,267	0		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	28,976	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	8,987	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	39,780	0		9.00
10.00	WOUND CARE (DIABETES CENTER)	76.00	0	594	0		10.00
11.00	PAIN MANAGEMENT	76.03	0	44,143	0		11.00
12.00	OBGYN	90.03	0	27,193	0		12.00
13.00	EMERGENCY	91.00	0	76	0		13.00
	O		0	7,118,782			
J - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	70	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20,219	0		2.00
3.00	DIETARY	10.00	0	3,096	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,302,470	0		4.00
5.00	PHARMACY	15.00	0	156,659	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	508,489	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	157,863	0		7.00
8.00	OPERATING ROOM	50.00	0	1,190,647	0		8.00
9.00	RECOVERY ROOM	51.00	0	6,594	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	90	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	76,332	0		11.00
12.00	ULTRA SOUND	54.01	0	38,505	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	477	0		13.00
14.00	CT SCAN	57.00	0	78,775	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,961	0		15.00
16.00	LABORATORY	60.00	0	1,683,271	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	12,833	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	197,297	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	11,167	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	21,943	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	1,020	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	26,071	0		22.00
23.00	WOUND CARE (DIABETES CENTER)	76.00	0	25,923	0		23.00
24.00	PAIN MANAGEMENT	76.03	0	19,904	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	3,456	0		25.00
26.00	PALLIATIVE HEALTH	90.01	0	171	0		26.00
27.00	VEIN CENTER	90.02	0	7,623	0		27.00

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RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6
Date/Time Prepared:
5/24/2019 1:07 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	OBGYN	90.03	0	262,105	0		28.00
29.00	EMERGENCY	91.00	0	110,823	0		29.00
30.00	BEHAVIORAL HEALTH	93.00	0	124	0		30.00
	0		0	10,934,978			
K - MENTAL HEALTH							
1.00	BEHAVIORAL HEALTH	93.00	537,354	13,931	0		1.00
	TOTALS		537,354	13,931			
500.00	Grand Total: Decreases		2,926,580	27,754,457			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,505,131	1,310,273	0	1,310,273	0	1.00
2.00	Land Improvements	4,516,131	6,928	0	6,928	0	2.00
3.00	Buildings and Fixtures	89,419,028	6,305,226	0	6,305,226	0	3.00
4.00	Building Improvements	3,999,418	329,661	0	329,661	0	4.00
5.00	Fixed Equipment	5,291,444	1,018,798	0	1,018,798	0	5.00
6.00	Movable Equipment	48,671,036	1,563,694	0	1,563,694	0	6.00
7.00	HIT designated Assets	3,728,772	0	0	0	120,115	7.00
8.00	Subtotal (sum of lines 1-7)	164,130,960	10,534,580	0	10,534,580	120,115	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	164,130,960	10,534,580	0	10,534,580	120,115	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,815,404	0				1.00
2.00	Land Improvements	4,523,059	0				2.00
3.00	Buildings and Fixtures	95,724,254	0				3.00
4.00	Building Improvements	4,329,079	0				4.00
5.00	Fixed Equipment	6,310,242	0				5.00
6.00	Movable Equipment	50,234,730	0				6.00
7.00	HIT designated Assets	3,608,657	0				7.00
8.00	Subtotal (sum of lines 1-7)	174,545,425	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	174,545,425	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,667,820	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)	8,667,820	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	8,667,820				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,667,820				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	124,310,695	0	124,310,695	0.712197	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50,234,730	0	50,234,730	0.287803	0	2.00
3.00	Total (sum of lines 1-2)	174,545,425	0	174,545,425	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	4,367,471	-88,947	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,300,349	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,667,820	-88,947	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	136,734	0	0	4,415,258	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	55,255	0	0	4,355,604	2.00
3.00	Total (sum of lines 1-2)	0	191,989	0	0	8,770,862	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0065

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

Worksheet A-8

Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-599,265	CAP REL COSTS-BLDG & FIXT		1.00	11 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)	B	-74,594	ADMINISTRATIVE & GENERAL		5.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-88,947	CAP REL COSTS-BLDG & FIXT		1.00	10 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-7,642	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-10,642,667				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-411,633	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients	B	-229	DRUGS CHARGED TO PATIENTS		73.00	0 17.00
18.00 Sale of medical records and abstracts	B	-19,647	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-5,621	ADMINISTRATIVE & GENERAL		5.00	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	A	-333,846	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 HOSPITAL ASSESSMENT FEE	A	-6,520,582	ADMINISTRATIVE & GENERAL		5.00	0 33.00

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	
33.01	MARKETING DIETARY	A	-186	DIETARY	10.00	0 33.01
33.02	MARKETING A&P	A	-3,071	ADULTS & PEDIATRICS	30.00	0 33.02
34.00	MARKETING OPERATING ROOM	A	-399	OPERATING ROOM	50.00	0 34.00
35.00	MARKETING RADIOLOGY	A	-217	RADIOLOGY-DIAGNOSTIC	54.00	0 35.00
36.00	MARKETING PHYSICAL THERAPY	A	-1,102	PHYSICAL THERAPY	66.00	0 36.00
37.00	MARKETING OCCUPATIONAL THERAPY	A	-528	OCCUPATIONAL THERAPY	67.00	0 37.00
37.01	MARKETING SPEECH THERAPY	A	-528	SPEECH PATHOLOGY	68.00	0 37.01
37.02	MARKETING WOUND CARE	A	-528	WOUND CARE (DIABETES CENTER)	76.00	0 37.02
37.03	MARKETING PAIN MANAGEMENT	A	-47	PAIN MANAGEMENT	76.03	0 37.03
37.04	MARKETING OB GYN	A	-3,068	OBGYN	90.03	0 37.04
37.05	MARKETING EMERGENCY ROOM	A	-3,221	EMERGENCY	91.00	0 37.05
37.06	PHYSICIAN RECRUITMENT	A	-2,123,000	ADMINISTRATIVE & GENERAL	5.00	0 37.06
37.07	MISC INCOME - DIETARY	B	-26,278	DIETARY	10.00	0 37.07
37.08	MISC INCOME - DRUGS	B	-179,925	DRUGS CHARGED TO PATIENTS	73.00	0 37.08
37.09	MISC INCOME - ADMIN & GENERAL	B	-42,385	ADMINISTRATIVE & GENERAL	5.00	0 37.09
37.10	MISC INCOME - RESPIRATORY THERAPY	B	-1,625	RESPIRATORY THERAPY	65.00	0 37.10
37.11	LOBBYING DUES	A	-8,302	ADMINISTRATIVE & GENERAL	5.00	0 37.11
37.12	TELEPHONE OPERATOR BENEFITS	A	-28	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.12
37.13	CRNA OFFSET - BENEFITS	A	-67,103	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.13
37.14	APRN OFFSET - GENERAL ADMIN	A	-300,969	ADMINISTRATIVE & GENERAL	5.00	0 37.14
38.00	APRN OFFSET - A&P	A	-26,417	ADULTS & PEDIATRICS	30.00	0 38.00
39.00	APRN OFFSET - RADIOLOGY	A	-15,426	RADIOLOGY-DIAGNOSTIC	54.00	0 39.00
39.01	APRN OFFSET - BARIATRIC	A	-2,175	CASE MANAGEMENT	76.02	0 39.01
39.02	APRN OFFSET - PAIN MANAGEMENT	A	-175,930	PAIN MANAGEMENT	76.03	0 39.02
39.03	APRN OFFSET - PALLIATIVE	A	-216,601	PALLIATIVE HEALTH	90.01	0 39.03
39.04	APRN OFFSET - OBGYN	A	-103,496	OBGYN	90.03	0 39.04
39.05	APRN OFFSET - EMERGENCY ROOM	A	-233,724	EMERGENCY	91.00	0 39.05
39.06	APRN OFFSET - MENTAL HEALTH	A	-83,790	BEHAVIORAL HEALTH	93.00	0 39.06
39.07	APRN OFFSET - BENEFITS	A	-232,864	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.07
39.08	PA - OFFSET	A	-208,461	EMERGENCY	91.00	0 39.08
39.09	PA BENEFITS OFFSET	A	-41,901	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.09
39.10	SALARIED PHYSICIANS BENEFITS	A	-1,932,233	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.10
39.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 39.11
39.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 39.12
39.13	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 39.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,740,201			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0065

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2019 1:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	26,143	26,143	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	673,898	673,898	0	211,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	70,417	70,417	0	211,500	0	3.00
4.00	50.00	OPERATING ROOM	483,050	483,050	0	246,400	0	4.00
5.00	53.00	ANESTHESIOLOGY	3,134,262	3,134,262	0	239,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	638,129	382,877	255,252	271,900	1,241	6.00
7.00	54.01	ULTRA SOUND	2,130	2,130	0	271,900	0	7.00
8.00	57.00	CT SCAN	10,160	10,160	0	271,900	0	8.00
9.00	60.00	LABORATORY	236,348	0	236,348	260,300	1,660	9.00
10.00	65.00	RESPIRATORY THERAPY	330,292	330,292	0	211,500	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	8,250	0	8,250	211,500	72	11.00
12.00	76.03	PAIN MANAGEMENT	695,847	695,847	0	211,500	0	12.00
13.00	90.01	PALLIATIVE HEALTH	9,000	9,000	0	211,500	0	13.00
14.00	90.02	VEIN CENTER	315,156	315,156	0	211,500	0	14.00
15.00	90.03	OBGYN	2,067,987	2,067,987	0	237,100	0	15.00
16.00	91.00	EMERGENCY	2,284,200	2,284,200	0	211,500	0	16.00
17.00	93.00	BEHAVIORAL HEALTH	34,683	34,683	0	181,300	0	17.00
200.00			11,019,952	10,520,102	499,850		2,973	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	162,225	8,111	0	0	0	6.00
7.00	54.01	ULTRA SOUND	0	0	0	0	0	7.00
8.00	57.00	CT SCAN	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	207,739	10,387	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	7,321	366	0	0	0	11.00
12.00	76.03	PAIN MANAGEMENT	0	0	0	0	0	12.00
13.00	90.01	PALLIATIVE HEALTH	0	0	0	0	0	13.00
14.00	90.02	VEIN CENTER	0	0	0	0	0	14.00
15.00	90.03	OBGYN	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
17.00	93.00	BEHAVIORAL HEALTH	0	0	0	0	0	17.00
200.00			377,285	18,864	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	26,143		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	673,898		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	70,417		3.00
4.00	50.00	OPERATING ROOM	0	0	0	483,050		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	3,134,262		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	162,225	93,027	475,904		6.00
7.00	54.01	ULTRA SOUND	0	0	0	2,130		7.00
8.00	57.00	CT SCAN	0	0	0	10,160		8.00
9.00	60.00	LABORATORY	0	207,739	28,609	28,609		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	330,292		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	7,321	929	929		11.00
12.00	76.03	PAIN MANAGEMENT	0	0	0	695,847		12.00
13.00	90.01	PALLIATIVE HEALTH	0	0	0	9,000		13.00
14.00	90.02	VEIN CENTER	0	0	0	315,156		14.00
15.00	90.03	OBGYN	0	0	0	2,067,987		15.00
16.00	91.00	EMERGENCY	0	0	0	2,284,200		16.00
17.00	93.00	BEHAVIORAL HEALTH	0	0	0	34,683		17.00
200.00			0	377,285	122,565	10,642,667		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,415,258	4,415,258			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,355,604		4,355,604		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,831,679	20,928	0	15,852,607	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,719,870	404,113	920,921	2,074,198	5.00
7.00 00700	OPERATION OF PLANT	3,667,479	251,743	149,342	421,202	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	324,101	15,369	879	12,540	8.00
9.00 00900	HOUSEKEEPING	1,194,894	22,992	3,611	259,216	9.00
10.00 01000	DIETARY	421,940	88,182	37,189	70,135	10.00
11.00 01100	CAFETERIA	466,803	0	0	137,454	11.00
13.00 01300	NURSING ADMINISTRATION	2,662,895	96,184	98,002	592,604	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,062,693	82,587	94,835	248,348	14.00
15.00 01500	PHARMACY	3,405,094	34,660	37,973	398,834	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,218,500	22,577	3,629	295,599	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	607,075	0	0	96,527	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	159,229	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,956,094	752,623	242,463	1,397,653	30.00
31.00 03100	INTENSIVE CARE UNIT	1,257,833	71,543	152,806	321,543	31.00
43.00 04300	NURSERY	519,702	9,871	0	142,376	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,375,973	315,307	719,637	863,831	50.00
51.00 05100	RECOVERY ROOM	491,345	61,903	408	140,381	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,150,079	72,251	0	315,074	52.00
53.00 05300	ANESTHESIOLOGY	70,341	1,051	109,260	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,273,519	316,615	879,424	666,098	54.00
54.01 03630	ULTRA SOUND	408,048	12,730	46,153	109,119	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	54,424	5,522	40	0	54.02
57.00 05700	CT SCAN	607,527	15,027	183,084	84,893	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	320,817	10,592	1,290	48,712	58.00
60.00 06000	LABORATORY	3,082,445	69,160	146,082	463,258	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	282,371	6,438	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	264,314	50,041	18,919	73,973	64.00
65.00 06500	RESPIRATORY THERAPY	1,146,863	62,172	45,598	306,611	65.00
66.00 06600	PHYSICAL THERAPY	1,157,878	152,981	16,582	330,610	66.00
67.00 06700	OCCUPATIONAL THERAPY	375,473	6,072	1,108	107,514	67.00
68.00 06800	SPEECH PATHOLOGY	263,138	4,813	1,338	74,848	68.00
69.00 06900	ELECTROCARDIOLOGY	182,987	16,835	21,648	33,198	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,837,305	0	4,658	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,101,910	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,938,628	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	270,232	25,436	1,536	68,305	76.00
76.02 03951	CASE MANAGEMENT	-2,175	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	794,532	65,654	7,484	217,768	76.03
76.97 07697	CARDIAC REHABILITATION	422,278	26,890	55,832	120,037	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	57,300	3,848	0	76,331	90.01
90.02 09002	VEIN CENTER	174,013	3,042	11,315	48,260	90.02
90.03 09003	OBGYN	584,402	87,082	47,677	181,964	90.03
91.00 09100	EMERGENCY	2,998,964	177,378	57,915	953,570	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	-12,304	2,468	206	19,953	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,470,528	20,647	935	384,023	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	872,977	28,221	0	201,762	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	104,103,646	3,493,548	4,119,779	12,517,551	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,514	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,621,327	326,718	36,698	954,431	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	585,360	0	0	0	194.01
194.02 07952	EXTERNAL SVCS MARKETING	1,165,666	23,579	0	60,250	194.02
194.03 07953	WASHINGTON CLINIC	214,143	51,568	0	61,994	194.03
194.04 07954	PHYSICIAN OFFICES	990,984	55,795	11,517	237,428	194.04
194.05 07955	INTEGRATED MEDICINE	562,709	43,981	301	119,283	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.06 07956 SURGI CAL PROFESSIONAL	2,121,763	58,825	0	577,879	2,758,467	194.06
194.07 07957 PRI MARY CARE	3,807,219	245,097	120,277	891,805	5,064,398	194.07
194.08 07958 EMPLOYER CLINIC	766,576	63,504	14,842	185,818	1,030,740	194.08
194.09 07959 UROLOGY PROF	813,223	25,399	50,804	35,538	924,964	194.09
194.10 07960 SCOTTSBURG SPECIAL	54,058	0	322	3,130	57,510	194.10
194.11 07961 BEHAVIORAL HEALTH	551,285	12,730	1,064	207,500	772,579	194.11
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)	119,357,959	4,415,258	4,355,604	15,852,607	119,357,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/24/2019 1:07 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,119,102				5.00
7.00	00700	OPERATION OF PLANT	900,921	5,390,687			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70,811	22,161	445,861		8.00
9.00	00900	HOUSEKEEPING	297,121	33,154	2,493	1,813,481	9.00
10.00	01000	DIETARY	123,897	127,154	0	43,219	911,716
11.00	01100	CAFETERIA	121,251	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	692,217	138,693	0	47,141	0
14.00	01400	CENTRAL SERVICES & SUPPLY	298,676	119,086	0	40,477	0
15.00	01500	PHARMACY	777,875	49,977	0	16,987	0
16.00	01600	MEDICAL RECORDS & LIBRARY	309,079	32,555	0	11,065	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	141,185	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	31,951	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,474,609	1,085,250	242,811	368,876	805,149
31.00	03100	INTENSIVE CARE UNIT	361,937	103,161	21,656	35,064	106,567
43.00	04300	NURSERY	134,834	14,234	10,141	4,838	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,259,097	454,657	45,873	154,537	0
51.00	05100	RECOVERY ROOM	139,266	89,261	0	30,340	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	308,497	104,182	3,627	35,411	0
53.00	05300	ANESTHESIOLOGY	36,250	1,515	0	515	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,030,526	456,542	37,985	155,178	0
54.01	03630	ULTRA SOUND	115,591	18,356	0	6,239	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	12,037	7,963	0	2,706	0
57.00	05700	CT SCAN	178,695	21,668	0	7,365	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	76,534	15,273	0	5,191	0
60.00	06000	LABORATORY	754,675	99,725	0	33,896	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	57,953	9,284	0	3,156	0
64.00	06400	INTRAVENOUS THERAPY	81,719	72,156	0	24,526	0
65.00	06500	RESPIRATORY THERAPY	313,281	89,649	0	30,471	0
66.00	06600	PHYSICAL THERAPY	332,706	220,590	21,913	74,978	0
67.00	06700	OCCUPATIONAL THERAPY	98,357	8,755	0	2,976	0
68.00	06800	SPEECH PATHOLOGY	69,055	6,941	0	2,359	0
69.00	06900	ELECTROCARDIOLOGY	51,102	24,275	19,914	8,251	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,392,312	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	73,343	36,677	0	12,466	0
76.02	03951	CASE MANAGEMENT	0	0	0	0	0
76.03	03950	PAIN MANAGEMENT	217,805	94,670	0	32,178	0
76.97	07697	CARDIAC REHABILITATION	125,421	38,773	0	13,179	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PALLIATIVE HEALTH	27,587	5,549	0	1,886	0
90.02	09002	VEIN CENTER	47,482	4,386	0	1,491	0
90.03	09003	OBGYN	180,821	125,568	0	42,680	0
91.00	09100	EMERGENCY	840,334	255,770	39,448	86,936	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04952	BEHAVIORAL HEALTH	2,071	3,558	0	1,210	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	376,467	29,771	0	10,119	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	221,321	40,693	0	13,832	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,156,669	4,061,632	445,861	1,361,739	911,716
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,912	20,928	0	7,113	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	991,100	471,111	0	160,129	0
194.00	07950	WELLNESS	0	0	0	0	0
194.01	07951	JACKSON MOB	117,459	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	250,725	33,999	0	11,556	0
194.03	07953	WASHINGTON CLINIC	65,758	74,358	0	25,274	0
194.04	07954	PHYSICIAN OFFICES	260,001	80,453	0	27,346	0
194.05	07955	INTEGRATED MEDICINE	145,735	63,418	0	21,556	0
194.06	07956	SURGICAL PROFESSIONAL	553,517	84,822	0	28,831	0
194.07	07957	PRIMARY CARE	1,016,227	353,417	0	120,126	0
194.08	07958	EMPLOYER CLINIC	206,829	91,569	0	31,124	0
194.09	07959	UROLOGY PROF	185,604	36,624	0	12,448	0
194.10	07960	SCOTTSBURG SPECIAL	11,540	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.11	07961 BEHAVIORAL HEALTH	155,026	18,356	0	6,239	0	194.11
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)	18,119,102	5,390,687	445,861	1,813,481	911,716	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	725,508					11.00
13.00	01300	NURSING ADMINISTRATION	28,277	4,356,013				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,890	214,555	2,181,147			14.00
15.00	01500	PHARMACY	17,005	183,440	55,636	4,977,481		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,515	0	12,106	0	1,927,625	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	4,593	0	15,124	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,996	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,353	974,660	174,105	0	48,026	30.00
31.00	03100	INTENSIVE CARE UNIT	18,905	203,929	19,049	0	8,040	31.00
43.00	04300	NURSERY	8,027	86,587	0	0	5,520	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,044	572,187	319,462	0	543,929	50.00
51.00	05100	RECOVERY ROOM	7,345	0	7,490	0	50,506	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,764	191,618	0	0	37,715	52.00
53.00	05300	ANESTHESIOLOGY	8,671	0	1,227	0	34,098	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,192	401,194	71,439	0	119,029	54.00
54.01	03630	ULTRA SOUND	4,658	0	3,367	0	24,875	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	19	0	330	0	10,103	54.02
57.00	05700	CT SCAN	4,386	0	3,979	0	219,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,424	0	1,639	0	54,208	58.00
60.00	06000	LABORATORY	35,770	385,854	52,837	0	238,280	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	3,734	63.00
64.00	06400	INTRAVENOUS THERAPY	4,062	0	7,993	0	8,774	64.00
65.00	06500	RESPIRATORY THERAPY	22,164	0	19,951	0	34,829	65.00
66.00	06600	PHYSICAL THERAPY	21,697	234,050	11,841	0	29,353	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,178	0	3,211	0	13,181	67.00
68.00	06800	SPEECH PATHOLOGY	3,419	0	3,982	0	4,833	68.00
69.00	06900	ELECTROCARDIOLOGY	1,881	20,286	3,508	0	41,649	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	49,925	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	29,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,977,481	125,047	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	3,732	0	4,088	0	5,513	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	14,882	0	5,834	0	14,009	76.03
76.97	07697	CARDIAC REHABILITATION	6,441	0	4,440	0	1,812	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	3,142	0	744	0	365	90.01
90.02	09002	VEIN CENTER	4,326	0	7,654	0	15,889	90.02
90.03	09003	OBGYN	20,500	0	49,663	0	5,267	90.03
91.00	09100	EMERGENCY	64,150	691,988	66,220	0	120,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	1,009	0	2,425	0	404	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	18,139	195,665	21,838	0	13,958	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,416	0	22,961	0	14,969	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	588,972	4,356,013	974,143	4,977,481	1,927,625	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,577	0	259,996	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	3,268	0	26,405	0	0	194.02
194.03	07953	WASHINGTON CLINIC	6,397	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	10,627	0	60,034	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	3,314	0	343,549	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	10,981	0	44,764	0	0	194.06
194.07	07957	PRIAMRY CARE	48,582	0	270,872	0	0	194.07
194.08	07958	EMPLOYER CLINIC	11,340	0	74,273	0	0	194.08
194.09	07959	UROLOGY PROF	3,864	0	72,770	0	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
194.10	07960	SCOTTSBURG SPECIAL	329	0	41,806	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	5,257	0	12,535	0	0	194.11
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)	725,508	4,356,013	2,181,147	4,977,481	1,927,625	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

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Part I
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	864,504				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	193,176			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	12,612,672	0	12,612,672 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	2,682,033	0	2,682,033 31.00
43.00 04300	NURSERY	0	0	936,130	0	936,130 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	9,677,534	0	9,677,534 50.00
51.00 05100	RECOVERY ROOM	0	0	1,018,245	0	1,018,245 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,236,218	0	2,236,218 52.00
53.00 05300	ANESTHESIOLOGY	0	193,176	456,104	0	456,104 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	7,444,741	0	7,444,741 54.00
54.01 03630	ULTRA SOUND	0	0	749,136	0	749,136 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	93,144	0	93,144 54.02
57.00 05700	CT SCAN	0	0	1,326,354	0	1,326,354 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	536,680	0	536,680 58.00
60.00 06000	LABORATORY	0	0	5,361,982	0	5,361,982 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	362,936	0	362,936 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	606,477	0	606,477 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	2,071,589	0	2,071,589 65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,605,179	0	2,605,179 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	621,825	0	621,825 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	434,726	0	434,726 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	425,534	0	425,534 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,891,888	0	6,891,888 71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	4,131,880	0	4,131,880 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	13,433,468	0	13,433,468 73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	0	501,328	0	501,328 76.00
76.02 03951	CASE MANAGEMENT	0	0	-2,175	0	-2,175 76.02
76.03 03950	PAIN MANAGEMENT	0	0	1,464,816	0	1,464,816 76.03
76.97 07697	CARDIAC REHABILITATION	0	0	815,103	0	815,103 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PALLIATIVE HEALTH	16,511	0	193,263	0	193,263 90.01
90.02 09002	VEIN CENTER	22,732	0	340,590	0	340,590 90.02
90.03 09003	OBGYN	107,735	0	1,433,359	0	1,433,359 90.03
91.00 09100	EMERGENCY	0	0	6,352,758	0	6,352,758 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIORAL HEALTH	0	0	21,000	0	21,000 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	2,542,090	0	2,542,090 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	1,428,152	0	1,428,152 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	146,978	193,176	91,806,759	0	91,806,759 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	45,467	0	45,467 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	171,199	0	7,025,286	0	7,025,286 192.00
194.00 07950	WELLNESS	0	0	0	0	0 194.00
194.01 07951	JACKSON MOB	0	0	702,819	0	702,819 194.01
194.02 07952	EXTERNAL SVCS MARKETING	17,172	0	1,592,620	0	1,592,620 194.02
194.03 07953	WASHINGTON CLINIC	33,617	0	533,109	0	533,109 194.03
194.04 07954	PHYSICIAN OFFICES	55,850	0	1,790,035	0	1,790,035 194.04
194.05 07955	INTEGRATED MEDICINE	17,414	0	1,321,260	0	1,321,260 194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
194.06 07956 SURGICAL PROFESSIONAL	57,709	0	3,539,091	0	3,539,091	194.06
194.07 07957 PRIMARY CARE	255,310	0	7,128,932	0	7,128,932	194.07
194.08 07958 EMPLOYER CLINIC	59,592	0	1,505,467	0	1,505,467	194.08
194.09 07959 UROLOGY PROF	20,308	0	1,256,582	0	1,256,582	194.09
194.10 07960 SCOTTSBURG SPECIAL	1,727	0	112,912	0	112,912	194.10
194.11 07961 BEHAVIORAL HEALTH	27,628	0	997,620	0	997,620	194.11
200.00 Cross Foot Adjustments		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)	864,504	193,176	119,357,959	0	119,357,959	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		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	20,928	0	20,928	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,379	404,113	920,921	1,339,413	5.00
7.00 00700	OPERATION OF PLANT	25,871	251,743	149,342	426,956	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	15,369	879	16,248	8.00
9.00 00900	HOUSEKEEPING	4,093	22,992	3,611	30,696	9.00
10.00 01000	DIETARY	3,810	88,182	37,189	129,181	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	96,184	98,002	194,186	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	82,587	94,835	177,422	14.00
15.00 01500	PHARMACY	0	34,660	37,973	72,633	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	22,577	3,629	26,206	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,776	752,623	242,463	997,862	30.00
31.00 03100	INTENSIVE CARE UNIT	745	71,543	152,806	225,094	31.00
43.00 04300	NURSERY	0	9,871	0	9,871	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	183,529	315,307	719,637	1,218,473	50.00
51.00 05100	RECOVERY ROOM	0	61,903	408	62,311	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	72,251	0	72,251	52.00
53.00 05300	ANESTHESIOLOGY	0	1,051	109,260	110,311	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	316,615	879,424	1,196,039	54.00
54.01 03630	ULTRA SOUND	0	12,730	46,153	58,883	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,522	40	5,562	54.02
57.00 05700	CT SCAN	0	15,027	183,084	198,111	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,592	1,290	11,882	58.00
60.00 06000	LABORATORY	138,049	69,160	146,082	353,291	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,438	0	6,438	63.00
64.00 06400	INTRAVENOUS THERAPY	0	50,041	18,919	68,960	64.00
65.00 06500	RESPIRATORY THERAPY	4,585	62,172	45,598	112,355	65.00
66.00 06600	PHYSICAL THERAPY	0	152,981	16,582	169,563	66.00
67.00 06700	OCCUPATIONAL THERAPY	535	6,072	1,108	7,715	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,813	1,338	6,151	68.00
69.00 06900	ELECTROCARDIOLOGY	619	16,835	21,648	39,102	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,658	4,658	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	16,468	25,436	1,536	43,440	76.00
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	65,654	7,484	73,138	76.03
76.97 07697	CARDIAC REHABILITATION	0	26,890	55,832	82,722	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	0	3,848	0	3,848	90.01
90.02 09002	VEIN CENTER	0	3,042	11,315	14,357	90.02
90.03 09003	OBGYN	0	87,082	47,677	134,759	90.03
91.00 09100	EMERGENCY	120	177,378	57,915	235,413	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	2,468	206	2,674	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	20,647	935	21,582	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	62,009	28,221	0	90,230	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	457,588	3,493,548	4,119,779	8,070,915	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,514	0	14,514	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	110	326,718	36,698	363,526	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	0	0	0	0	194.01
194.02 07952	EXTERNAL SVCS MARKETING	0	23,579	0	23,579	194.02
194.03 07953	WASHINGTON CLINIC	0	51,568	0	51,568	194.03
194.04 07954	PHYSICIAN OFFICES	110	55,795	11,517	67,422	194.04
194.05 07955	INTEGRATED MEDICINE	97	43,981	301	44,379	194.05
194.06 07956	SURGICAL PROFESSIONAL	0	58,825	0	58,825	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.07 07957 PRIMARY CARE	110	245,097	120,277	365,484	1,177	194.07
194.08 07958 EMPLOYER CLINIC	0	63,504	14,842	78,346	245	194.08
194.09 07959 UROLOGY PROF	0	25,399	50,804	76,203	47	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	0	322	322	4	194.10
194.11 07961 BEHAVIORAL HEALTH	0	12,730	1,064	13,794	274	194.11
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)	458,015	4,415,258	4,355,604	9,228,877	20,928	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 1:07 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,342,160				5.00
7.00	00700	OPERATION OF PLANT	66,736	494,248			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,245	2,032	23,542		8.00
9.00	00900	HOUSEKEEPING	22,009	3,040	132	56,219	9.00
10.00	01000	DIETARY	9,178	11,658	0	1,340	151,450
11.00	01100	CAFETERIA	8,982	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	51,276	12,716	0	1,461	0
14.00	01400	CENTRAL SERVICES & SUPPLY	22,125	10,918	0	1,255	0
15.00	01500	PHARMACY	57,621	4,582	0	527	0
16.00	01600	MEDICAL RECORDS & LIBRARY	22,895	2,985	0	343	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	10,458	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,367	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,217	99,501	12,822	11,434	133,748
31.00	03100	INTENSIVE CARE UNIT	26,811	9,458	1,143	1,087	17,702
43.00	04300	NURSERY	9,988	1,305	535	150	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	93,268	41,685	2,422	4,791	0
51.00	05100	RECOVERY ROOM	10,316	8,184	0	941	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,852	9,552	191	1,098	0
53.00	05300	ANESTHESIOLOGY	2,685	139	0	16	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,336	41,858	2,006	4,811	0
54.01	03630	ULTRA SOUND	8,562	1,683	0	193	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	892	730	0	84	0
57.00	05700	CT SCAN	13,237	1,987	0	228	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,669	1,400	0	161	0
60.00	06000	LABORATORY	55,903	9,143	0	1,051	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,293	851	0	98	0
64.00	06400	INTRAVENOUS THERAPY	6,053	6,616	0	760	0
65.00	06500	RESPIRATORY THERAPY	23,206	8,220	0	945	0
66.00	06600	PHYSICAL THERAPY	24,645	20,225	1,157	2,324	0
67.00	06700	OCCUPATIONAL THERAPY	7,286	803	0	92	0
68.00	06800	SPEECH PATHOLOGY	5,115	636	0	73	0
69.00	06900	ELECTROCARDIOLOGY	3,785	2,226	1,051	256	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	103,136	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	5,433	3,363	0	386	0
76.02	03951	CASE MANAGEMENT	0	0	0	0	0
76.03	03950	PAIN MANAGEMENT	16,134	8,680	0	998	0
76.97	07697	CARDIAC REHABILITATION	9,291	3,555	0	409	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PALLIATIVE HEALTH	2,043	509	0	58	0
90.02	09002	VEIN CENTER	3,517	402	0	46	0
90.03	09003	OBGYN	13,394	11,513	0	1,323	0
91.00	09100	EMERGENCY	62,248	23,450	2,083	2,695	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04952	BEHAVIORAL HEALTH	153	326	0	37	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	27,887	2,730	0	314	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	16,394	3,731	0	429	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,048,641	372,392	23,542	42,214	151,450
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	216	1,919	0	221	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,416	43,194	0	4,964	0
194.00	07950	WELLNESS	0	0	0	0	0
194.01	07951	JACKSON MOB	8,701	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	18,572	3,117	0	358	0
194.03	07953	WASHINGTON CLINIC	4,871	6,818	0	784	0
194.04	07954	PHYSICIAN OFFICES	19,260	7,376	0	848	0
194.05	07955	INTEGRATED MEDICINE	10,795	5,815	0	668	0
194.06	07956	SURGICAL PROFESSIONAL	41,002	7,777	0	894	0
194.07	07957	PRIMARY CARE	75,277	32,403	0	3,724	0
194.08	07958	EMPLOYER CLINIC	15,321	8,396	0	965	0
194.09	07959	UROLOGY PROF	13,749	3,358	0	386	0
194.10	07960	SCOTTSBURG SPECIAL	855	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.11	07961 BEHAVIORAL HEALTH	11,484	1,683	0	193	0	194.11
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)	1,342,160	494,248	23,542	56,219	151,450	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	9,163					11.00
13.00	01300	NURSING ADMINISTRATION	357	260,778				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	251	12,845	225,144			14.00
15.00	01500	PHARMACY	215	10,982	5,743	152,829		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	284	0	1,250	0	54,353	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	58	0	1,561	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	25	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,142	58,348	17,972	0	1,355	30.00
31.00	03100	INTENSIVE CARE UNIT	239	12,208	1,966	0	227	31.00
43.00	04300	NURSERY	101	5,184	0	0	156	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	670	34,255	32,976	0	15,307	50.00
51.00	05100	RECOVERY ROOM	93	0	773	0	1,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224	11,471	0	0	1,064	52.00
53.00	05300	ANESTHESIOLOGY	110	0	127	0	962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	470	24,018	7,374	0	3,359	54.00
54.01	03630	ULTRA SOUND	59	0	348	0	702	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	34	0	285	54.02
57.00	05700	CT SCAN	55	0	411	0	6,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	31	0	169	0	1,530	58.00
60.00	06000	LABORATORY	452	23,100	5,454	0	6,724	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	105	63.00
64.00	06400	INTRAVENOUS THERAPY	51	0	825	0	248	64.00
65.00	06500	RESPIRATORY THERAPY	280	0	2,059	0	983	65.00
66.00	06600	PHYSICAL THERAPY	274	14,012	1,222	0	828	66.00
67.00	06700	OCCUPATIONAL THERAPY	65	0	331	0	372	67.00
68.00	06800	SPEECH PATHOLOGY	43	0	411	0	136	68.00
69.00	06900	ELECTROCARDIOLOGY	24	1,214	362	0	1,175	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,409	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	846	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	152,829	3,529	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	47	0	422	0	156	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	188	0	602	0	395	76.03
76.97	07697	CARDIAC REHABILITATION	81	0	458	0	51	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	40	0	77	0	10	90.01
90.02	09002	VEIN CENTER	55	0	790	0	448	90.02
90.03	09003	OBGYN	259	0	5,126	0	149	90.03
91.00	09100	EMERGENCY	810	41,427	6,835	0	3,389	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	13	0	250	0	11	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	229	11,714	2,254	0	394	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	144	0	2,370	0	422	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,439	260,778	100,552	152,829	54,353	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	411	0	26,838	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	41	0	2,726	0	0	194.02
194.03	07953	WASHINGTON CLINIC	81	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	134	0	6,197	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	42	0	35,462	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	139	0	4,621	0	0	194.06
194.07	07957	PRI MARY CARE	614	0	27,960	0	0	194.07
194.08	07958	EMPLOYER CLINIC	143	0	7,667	0	0	194.08
194.09	07959	UROLOGY PROF	49	0	7,512	0	0	194.09

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
194.10	07960 SCOTTSBURG SPECIAL	4	0	4,315	0	0	194.10	
194.11	07961 BEHAVIORAL HEALTH	66	0	1,294	0	0	194.11	
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)	9,163	260,778	225,144	152,829	54,353	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 1:07 pm
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	PHYSICIAN PRIVATE PRACTICE				
	18.00	19.00	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
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	12,204			18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	2,602		19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	1,445,245	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	296,359	0	31.00
43.00 04300	NURSERY	0	27,478	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	1,444,987	0	50.00
51.00 05100	RECOVERY ROOM	0	84,228	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	119,119	0	52.00
53.00 05300	ANESTHESIOLOGY	0	114,350	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,357,150	0	54.00
54.01 03630	ULTRA SOUND	0	70,574	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7,587	0	54.02
57.00 05700	CT SCAN	0	220,342	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,906	0	58.00
60.00 06000	LABORATORY	0	455,729	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	11,785	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	83,611	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	148,453	0	65.00
66.00 06600	PHYSICAL THERAPY	0	234,686	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,806	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	12,664	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	49,239	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,067	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	846	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	259,494	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	53,337	0	76.00
76.02 03951	CASE MANAGEMENT	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	100,422	0	76.03
76.97 07697	CARDIAC REHABILITATION	0	96,725	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	233	6,919	0	90.01
90.02 09002	VEIN CENTER	321	20,000	0	90.02
90.03 09003	OBGYN	1,521	168,284	0	90.03
91.00 09100	EMERGENCY	0	379,608	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	3,490	0	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	67,611	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	0	113,986	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,075	0	7,498,087	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,870	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,417	516,025	0	192.00
194.00 07950	WELLNESS	0	0	0	194.00
194.01 07951	JACKSON MOB	0	8,701	0	194.01
194.02 07952	EXTERNAL SVCS MARKETING	242	48,715	0	194.02
194.03 07953	WASHINGTON CLINIC	475	64,679	0	194.03
194.04 07954	PHYSICIAN OFFICES	788	102,338	0	194.04
194.05 07955	INTEGRATED MEDICINE	246	97,564	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
194.06 07956 SURGICAL PROFESSIONAL	815		114,836	0	114,836	194.06
194.07 07957 PRIMARY CARE	3,604		510,243	0	510,243	194.07
194.08 07958 EMPLOYER CLINIC	841		111,924	0	111,924	194.08
194.09 07959 UROLOGY PROF	287		101,591	0	101,591	194.09
194.10 07960 SCOTTSBURG SPECIAL	24		5,524	0	5,524	194.10
194.11 07961 BEHAVIORAL HEALTH	390		29,178	0	29,178	194.11
200.00 Cross Foot Adjustments		2,602	2,602	0	2,602	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	12,204	2,602	9,228,877	0	9,228,877	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	361,404				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,278,886			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,713	0	54,759,238		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,078	904,697	7,164,769	-18,119,102	5.00
7.00 00700	OPERATION OF PLANT	20,606	146,712	1,454,949	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,258	864	43,317	0	8.00
9.00 00900	HOUSEKEEPING	1,882	3,547	895,406	0	9.00
10.00 01000	DIETARY	7,218	36,534	242,267	0	10.00
11.00 01100	CAFETERIA	0	0	474,804	0	11.00
13.00 01300	NURSING ADMINISTRATION	7,873	96,276	2,047,018	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,760	93,165	857,864	0	14.00
15.00 01500	PHARMACY	2,837	37,304	1,377,683	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,848	3,565	1,021,083	0	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	333,430	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	550,023	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,605	238,192	4,827,884	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,856	150,115	1,110,700	0	31.00
43.00 04300	NURSERY	808	0	491,808	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,809	706,962	2,983,912	0	50.00
51.00 05100	RECOVERY ROOM	5,067	401	484,914	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,914	0	1,088,352	0	52.00
53.00 05300	ANESTHESIOLOGY	86	107,336	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,916	863,935	2,300,887	0	54.00
54.01 03630	ULTRA SOUND	1,042	45,340	376,929	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	39	0	0	54.02
57.00 05700	CT SCAN	1,230	179,859	293,243	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	867	1,267	168,264	0	58.00
60.00 06000	LABORATORY	5,661	143,509	1,600,224	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,096	18,586	255,523	0	64.00
65.00 06500	RESPIRATORY THERAPY	5,089	44,795	1,059,121	0	65.00
66.00 06600	PHYSICAL THERAPY	12,522	16,290	1,142,019	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	497	1,088	371,385	0	67.00
68.00 06800	SPEECH PATHOLOGY	394	1,314	258,545	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,378	21,267	114,675	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,576	0	-6,841,963	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	-4,101,910	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	2,082	1,509	235,944	0	76.00
76.02 03951	CASE MANAGEMENT	0	0	0	2,175	76.02
76.03 03950	PAIN MANAGEMENT	5,374	7,352	752,231	0	76.03
76.97 07697	CARDIAC REHABILITATION	2,201	54,849	414,641	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	315	0	263,668	0	90.01
90.02 09002	VEIN CENTER	249	11,116	166,702	0	90.02
90.03 09003	OBGYN	7,128	46,837	628,554	0	90.03
91.00 09100	EMERGENCY	14,519	56,895	3,293,898	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	202	202	68,924	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,690	919	1,326,524	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	2,310	0	696,941	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	285,959	4,047,214	43,239,025	-29,060,800	70,550,255
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,743	36,052	3,296,871	0	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	0	0	0	0	194.01
194.02 07952	EXTERNAL SVCS MARKETING	1,930	0	208,119	0	194.02
194.03 07953	WASHINGTON CLINIC	4,221	0	214,143	0	194.03
194.04 07954	PHYSICIAN OFFICES	4,567	11,314	820,143	0	194.04
194.05 07955	INTEGRATED MEDICINE	3,600	296	412,038	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.06 07956 SURGI CAL PROFESSIONAL	4,815	0	1,996,156	0	2,758,467	194.06	
194.07 07957 PRI MARY CARE	20,062	118,159	3,080,544	0	5,064,398	194.07	
194.08 07958 EMPLOYER CLINIC	5,198	14,581	641,867	0	1,030,740	194.08	
194.09 07959 UROLOGY PROF	2,079	49,909	122,758	0	924,964	194.09	
194.10 07960 SCOTTSBURG SPECIAL	0	316	10,812	0	57,510	194.10	
194.11 07961 BEHAVIORAL HEALTH	1,042	1,045	716,762	0	772,579	194.11	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	4,415,258	4,355,604	15,852,607		18,119,102	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	12.216959	1.017929	0.289496		0.200661	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			20,928		1,342,160	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000382		0.014864	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: 15-0065

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	306,007				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,258	486,736			8.00	
9.00	00900	HOUSEKEEPING	1,882	2,722	302,867		9.00	
10.00	01000	DIETARY	7,218	0	7,218	29,302	10.00	
11.00	01100	CAFETERIA	0	0	0	1,384,593	11.00	
13.00	01300	NURSING ADMINISTRATION	7,873	0	7,873	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	6,760	0	6,760	0	14.00	
15.00	01500	PHARMACY	2,837	0	2,837	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,848	0	1,848	0	16.00	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,605	265,071	61,605	25,877	172,436	30.00
31.00	03100	INTENSIVE CARE UNIT	5,856	23,641	5,856	3,425	36,079	31.00
43.00	04300	NURSERY	808	11,071	808	0	15,319	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,809	50,079	25,809	0	101,231	50.00
51.00	05100	RECOVERY ROOM	5,067	0	5,067	0	14,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,914	3,959	5,914	0	33,901	52.00
53.00	05300	ANESTHESIOLOGY	86	0	86	0	16,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,916	41,467	25,916	0	70,979	54.00
54.01	03630	ULTRA SOUND	1,042	0	1,042	0	8,890	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	0	452	0	36	54.02
57.00	05700	CT SCAN	1,230	0	1,230	0	8,370	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	867	0	867	0	4,627	58.00
60.00	06000	LABORATORY	5,661	0	5,661	0	68,265	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	527	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,096	0	4,096	0	7,753	64.00
65.00	06500	RESPIRATORY THERAPY	5,089	0	5,089	0	42,299	65.00
66.00	06600	PHYSICAL THERAPY	12,522	23,922	12,522	0	41,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	497	0	497	0	9,882	67.00
68.00	06800	SPEECH PATHOLOGY	394	0	394	0	6,525	68.00
69.00	06900	ELECTROCARDIOLOGY	1,378	21,740	1,378	0	3,589	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	2,082	0	2,082	0	7,123	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	5,374	0	5,374	0	28,401	76.03
76.97	07697	CARDIAC REHABILITATION	2,201	0	2,201	0	12,293	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	315	0	315	0	5,996	90.01
90.02	09002	VEIN CENTER	249	0	249	0	8,255	90.02
90.03	09003	OBGYN	7,128	0	7,128	0	39,124	90.03
91.00	09100	EMERGENCY	14,519	43,064	14,519	0	122,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	202	0	202	0	1,925	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,690	0	1,690	0	34,617	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,310	0	2,310	0	21,787	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	230,562	486,736	227,422	29,302	1,124,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	1,188	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,743	0	26,743	0	62,171	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	1,930	0	1,930	0	6,236	194.02
194.03	07953	WASHINGTON CLINIC	4,221	0	4,221	0	12,208	194.03
194.04	07954	PHYSICIAN OFFICES	4,567	0	4,567	0	20,282	194.04
194.05	07955	INTEGRATED MEDICINE	3,600	0	3,600	0	6,324	194.05
194.06	07956	SURGICAL PROFESSIONAL	4,815	0	4,815	0	20,957	194.06
194.07	07957	PRIMARY CARE	20,062	0	20,062	0	92,716	194.07
194.08	07958	EMPLOYER CLINIC	5,198	0	5,198	0	21,641	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
194.09	07959 UROLOGY PROF	2,079	0	2,079	0	7,375	194.09
194.10	07960 SCOTTSBURG SPECIAL	0	0	0	0	627	194.10
194.11	07961 BEHAVIORAL HEALTH	1,042	0	1,042	0	10,033	194.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,390,687	445,861	1,813,481	911,716	725,508	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.616221	0.916022	5.987714	31.114463	0.523986	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	494,248	23,542	56,219	151,450	9,163	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.615153	0.048367	0.185623	5.168589	0.006618	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: 15-0065

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00		18.00	
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
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	770,663						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	37,959	879,738					14.00
15.00 01500 PHARMACY	32,454	22,440	100				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	4,883	0	333,744,807			16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	0	6,100	0	0		313,945	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	172,436	70,223	0	8,314,669		0	30.00
31.00 03100 INTENSIVE CARE UNIT	36,079	7,683	0	1,392,032		0	31.00
43.00 04300 NURSERY	15,319	0	0	955,729		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	101,231	128,851	0	94,185,014		0	50.00
51.00 05100 RECOVERY ROOM	0	3,021	0	8,744,185		0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	33,901	0	0	6,529,586		0	52.00
53.00 05300 ANESTHESIOLOGY	0	495	0	5,903,364		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	70,979	28,814	0	20,607,517		0	54.00
54.01 03630 ULTRA SOUND	0	1,358	0	4,306,592		0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	133	0	1,749,075		0	54.02
57.00 05700 CT SCAN	0	1,605	0	38,041,903		0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	661	0	9,385,046		0	58.00
60.00 06000 LABORATORY	68,265	21,311	0	41,253,500		0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	646,515		0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	3,224	0	1,519,056		0	64.00
65.00 06500 RESPIRATORY THERAPY	0	8,047	0	6,029,967		0	65.00
66.00 06600 PHYSICAL THERAPY	41,408	4,776	0	5,081,926		0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,295	0	2,281,949		0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,606	0	836,746		0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,589	1,415	0	7,210,773		0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,643,492		0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	5,188,713		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	21,649,426		0	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	1,649	0	954,512		0	76.00
76.02 03951 CASE MANAGEMENT	0	0	0	0		0	76.02
76.03 03950 PAIN MANAGEMENT	0	2,353	0	2,425,376		0	76.03
76.97 07697 CARDIAC REHABILITATION	0	1,791	0	313,690		0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0		0	90.00
90.01 09001 PALLIATIVE HEALTH	0	300	0	63,121		5,996	90.01
90.02 09002 VEIN CENTER	0	3,087	0	2,750,923		8,255	90.02
90.03 09003 OBGYN	0	20,031	0	911,892		39,124	90.03
91.00 09100 EMERGENCY	122,426	26,709	0	20,790,272		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
93.00 04952 BEHAVIORAL HEALTH	0	978	0	69,941		0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	34,617	8,808	0	2,416,634		0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0	0	0	0		0	113.00
116.00 11600 HOSPICE	0	9,261	0	2,591,671		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	770,663	392,908	100	333,744,807		53,375	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	104,866	0	0		62,171	192.00
194.00 07950 WELLNESS	0	0	0	0		0	194.00
194.01 07951 JACKSON MOB	0	0	0	0		0	194.01
194.02 07952 EXTERNAL SVCS MARKETING	0	10,650	0	0		6,236	194.02
194.03 07953 WASHINGTON CLINIC	0	0	0	0		12,208	194.03
194.04 07954 PHYSICIAN OFFICES	0	24,214	0	0		20,282	194.04
194.05 07955 INTEGRATED MEDICINE	0	138,566	0	0		6,324	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00	
194.06 07956 SURGICAL PROFESSIONAL	0	18,055	0	0	20,957	194.06
194.07 07957 PRIMARY CARE	0	109,253	0	0	92,716	194.07
194.08 07958 EMPLOYER CLINIC	0	29,957	0	0	21,641	194.08
194.09 07959 UROLOGY PROF	0	29,351	0	0	7,375	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	16,862	0	0	627	194.10
194.11 07961 BEHAVIORAL HEALTH	0	5,056	0	0	10,033	194.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,356,013	2,181,147	4,977,481	1,927,625	864,504	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.652293	2.479314	49,774.810000	0.005776	2.753680	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	260,778	225,144	152,829	54,353	12,204	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.338381	0.255922	1,528.290000	0.000163	0.038873	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: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet B-1 Date/Time Prepared: 5/24/2019 1:07 pm
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	76.00
76.02	03951	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PALLIATIVE HEALTH	90.01
90.02	09002	VEIN CENTER	90.02
90.03	09003	OBGYN	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04952	BEHAVIORAL HEALTH	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	WELLNESS	194.00
194.01	07951	JACKSON MOB	194.01
194.02	07952	EXTERNAL SVCS MARKETING	194.02
194.03	07953	WASHINGTON CLINIC	194.03
194.04	07954	PHYSICIAN OFFICES	194.04
194.05	07955	INTEGRATED MEDICINE	194.05
194.06	07956	SURGICAL PROFESSIONAL	194.06
194.07	07957	PRIMARY CARE	194.07
194.08	07958	EMPLOYER CLINIC	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
194.09	07959 UROLOGY PROF	0	194.09
194.10	07960 SCOTTSBURG SPECIAL	0	194.10
194.11	07961 BEHAVIORAL HEALTH	0	194.11
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)	193,176	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,931.760000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,602	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	26.020000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 1:07 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		12,612,672	0	12,612,672	30.00
31.00	03100 INTENSIVE CARE UNIT		2,682,033	0	2,682,033	31.00
43.00	04300 NURSERY		936,130	0	936,130	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		9,677,534	0	9,677,534	50.00
51.00	05100 RECOVERY ROOM		1,018,245	0	1,018,245	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,236,218	0	2,236,218	52.00
53.00	05300 ANESTHESIOLOGY		456,104	0	456,104	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,444,741	93,027	7,537,768	54.00
54.01	03630 ULTRA SOUND		749,136	0	749,136	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		93,144	0	93,144	54.02
57.00	05700 CT SCAN		1,326,354	0	1,326,354	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		536,680	0	536,680	58.00
60.00	06000 LABORATORY		5,361,982	28,609	5,390,591	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		362,936	0	362,936	63.00
64.00	06400 INTRAVENOUS THERAPY		606,477	0	606,477	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,071,589	0	2,071,589	65.00
66.00	06600 PHYSICAL THERAPY	0	2,605,179	0	2,605,179	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	621,825	0	621,825	67.00
68.00	06800 SPEECH PATHOLOGY	0	434,726	0	434,726	68.00
69.00	06900 ELECTROCARDIOLOGY		425,534	929	426,463	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,891,888	0	6,891,888	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		4,131,880	0	4,131,880	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,433,468	0	13,433,468	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)		501,328	0	501,328	76.00
76.02	03951 CASE MANAGEMENT		0	0	0	76.02
76.03	03950 PAIN MANAGEMENT		1,464,816	0	1,464,816	76.03
76.97	07697 CARDIAC REHABILITATION		815,103	0	815,103	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH		193,263	0	193,263	90.01
90.02	09002 VEIN CENTER		340,590	0	340,590	90.02
90.03	09003 OBGYN		1,433,359	0	1,433,359	90.03
91.00	09100 EMERGENCY		6,352,758	0	6,352,758	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,895,798	0	2,895,798	92.00
93.00	04952 BEHAVIORAL HEALTH		21,000	0	21,000	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		2,542,090		2,542,090	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		1,428,152		1,428,152	116.00
200.00	Subtotal (see instructions)		94,704,732	0	94,827,297	200.00
201.00	Less Observation Beds		2,895,798		2,895,798	201.00
202.00	Total (see instructions)		91,808,934	0	91,931,499	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,272,130		6,272,130		30.00
31.00	03100	INTENSIVE CARE UNIT	1,392,032		1,392,032		31.00
43.00	04300	NURSERY	955,729		955,729		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,742,959	77,442,055	94,185,014	0.102750	50.00
51.00	05100	RECOVERY ROOM	1,000,534	7,743,651	8,744,185	0.116448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,241,451	288,135	6,529,586	0.342475	52.00
53.00	05300	ANESTHESIOLOGY	1,079,409	4,823,955	5,903,364	0.077262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	786,657	19,820,860	20,607,517	0.361263	54.00
54.01	03630	ULTRA SOUND	277,209	4,029,383	4,306,592	0.173951	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	53,331	1,695,744	1,749,075	0.053253	54.02
57.00	05700	CT SCAN	2,072,779	35,969,124	38,041,903	0.034866	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	437,617	8,947,429	9,385,046	0.057185	58.00
60.00	06000	LABORATORY	5,622,897	35,630,603	41,253,500	0.129976	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	266,487	380,028	646,515	0.561373	63.00
64.00	06400	INTRAVENOUS THERAPY	283,824	1,235,232	1,519,056	0.399246	64.00
65.00	06500	RESPIRATORY THERAPY	3,273,539	2,756,428	6,029,967	0.343549	65.00
66.00	06600	PHYSICAL THERAPY	552,045	4,529,881	5,081,926	0.512636	66.00
67.00	06700	OCCUPATIONAL THERAPY	443,967	1,837,982	2,281,949	0.272497	67.00
68.00	06800	SPEECH PATHOLOGY	162,802	673,944	836,746	0.519544	68.00
69.00	06900	ELECTROCARDIOLOGY	726,016	6,484,757	7,210,773	0.059014	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,109,472	6,534,020	8,643,492	0.797350	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,981,228	3,207,485	5,188,713	0.796321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,723,019	17,926,407	21,649,426	0.620500	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	27,337	927,175	954,512	0.525219	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	6,098	2,419,278	2,425,376	0.603954	76.03
76.97	07697	CARDIAC REHABILITATION	260	313,430	313,690	2.598435	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	2,495	60,626	63,121	3.061786	90.01
90.02	09002	VEIN CENTER	0	2,750,923	2,750,923	0.123809	90.02
90.03	09003	OBGYN	716,139	195,753	911,892	1.571852	90.03
91.00	09100	EMERGENCY	2,516,871	18,273,401	20,790,272	0.305564	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	162,726	1,879,813	2,042,539	1.417744	92.00
93.00	04952	BEHAVIORAL HEALTH	18,418	51,523	69,941	0.300253	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,416,634	2,416,634		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,591,671	2,591,671		116.00
200.00		Subtotal (see instructions)	59,907,477	273,837,330	333,744,807		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	59,907,477	273,837,330	333,744,807		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 1:07 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.102750		50.00
51.00	05100 RECOVERY ROOM	0.116448		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342475		52.00
53.00	05300 ANESTHESIOLOGY	0.077262		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.365778		54.00
54.01	03630 ULTRA SOUND	0.173951		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.053253		54.02
57.00	05700 CT SCAN	0.034866		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.057185		58.00
60.00	06000 LABORATORY	0.130670		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.561373		63.00
64.00	06400 INTRAVENOUS THERAPY	0.399246		64.00
65.00	06500 RESPIRATORY THERAPY	0.343549		65.00
66.00	06600 PHYSICAL THERAPY	0.512636		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.272497		67.00
68.00	06800 SPEECH PATHOLOGY	0.519544		68.00
69.00	06900 ELECTROCARDIOLOGY	0.059142		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.797350		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.796321		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.620500		73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.525219		76.00
76.02	03951 CASE MANAGEMENT	0.000000		76.02
76.03	03950 PAIN MANAGEMENT	0.603954		76.03
76.97	07697 CARDIAC REHABILITATION	2.598435		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PALLIATIVE HEALTH	3.061786		90.01
90.02	09002 VEIN CENTER	0.123809		90.02
90.03	09003 OBGYN	1.571852		90.03
91.00	09100 EMERGENCY	0.305564		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.417744		92.00
93.00	04952 BEHAVIORAL HEALTH	0.300253		93.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,612,672		0	12,612,672	30.00
31.00	03100	INTENSIVE CARE UNIT	2,682,033		0	2,682,033	31.00
43.00	04300	NURSERY	936,130		0	936,130	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,677,534		0	9,677,534	50.00
51.00	05100	RECOVERY ROOM	1,018,245		0	1,018,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,236,218		0	2,236,218	52.00
53.00	05300	ANESTHESIOLOGY	456,104		0	456,104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,444,741		93,027	7,537,768	54.00
54.01	03630	ULTRA SOUND	749,136		0	749,136	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	93,144		0	93,144	54.02
57.00	05700	CT SCAN	1,326,354		0	1,326,354	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	536,680		0	536,680	58.00
60.00	06000	LABORATORY	5,361,982		28,609	5,390,591	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	362,936		0	362,936	63.00
64.00	06400	INTRAVENOUS THERAPY	606,477		0	606,477	64.00
65.00	06500	RESPIRATORY THERAPY	2,071,589	0	0	2,071,589	65.00
66.00	06600	PHYSICAL THERAPY	2,605,179	0	0	2,605,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	621,825	0	0	621,825	67.00
68.00	06800	SPEECH PATHOLOGY	434,726	0	0	434,726	68.00
69.00	06900	ELECTROCARDIOLOGY	425,534		929	426,463	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,891,888		0	6,891,888	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,131,880		0	4,131,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,433,468		0	13,433,468	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	501,328		0	501,328	76.00
76.02	03951	CASE MANAGEMENT	0		0	0	76.02
76.03	03950	PAIN MANAGEMENT	1,464,816		0	1,464,816	76.03
76.97	07697	CARDIAC REHABILITATION	815,103		0	815,103	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	90.00
90.01	09001	PALLIATIVE HEALTH	193,263		0	193,263	90.01
90.02	09002	VEIN CENTER	340,590		0	340,590	90.02
90.03	09003	OBGYN	1,433,359		0	1,433,359	90.03
91.00	09100	EMERGENCY	6,352,758		0	6,352,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,895,798		0	2,895,798	92.00
93.00	04952	BEHAVIORAL HEALTH	21,000		0	21,000	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,542,090			2,542,090	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,428,152			1,428,152	116.00
200.00		Subtotal (see instructions)	94,704,732	0		94,827,297	200.00
201.00		Less Observation Beds	2,895,798			2,895,798	201.00
202.00		Total (see instructions)	91,808,934	0	122,565	91,931,499	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,272,130		6,272,130		30.00
31.00	03100	INTENSIVE CARE UNIT	1,392,032		1,392,032		31.00
43.00	04300	NURSERY	955,729		955,729		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,742,959	77,442,055	94,185,014	0.102750	50.00
51.00	05100	RECOVERY ROOM	1,000,534	7,743,651	8,744,185	0.116448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,241,451	288,135	6,529,586	0.342475	52.00
53.00	05300	ANESTHESIOLOGY	1,079,409	4,823,955	5,903,364	0.077262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	786,657	19,820,860	20,607,517	0.361263	54.00
54.01	03630	ULTRA SOUND	277,209	4,029,383	4,306,592	0.173951	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	53,331	1,695,744	1,749,075	0.053253	54.02
57.00	05700	CT SCAN	2,072,779	35,969,124	38,041,903	0.034866	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	437,617	8,947,429	9,385,046	0.057185	58.00
60.00	06000	LABORATORY	5,622,897	35,630,603	41,253,500	0.129976	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	266,487	380,028	646,515	0.561373	63.00
64.00	06400	INTRAVENOUS THERAPY	283,824	1,235,232	1,519,056	0.399246	64.00
65.00	06500	RESPIRATORY THERAPY	3,273,539	2,756,428	6,029,967	0.343549	65.00
66.00	06600	PHYSICAL THERAPY	552,045	4,529,881	5,081,926	0.512636	66.00
67.00	06700	OCCUPATIONAL THERAPY	443,967	1,837,982	2,281,949	0.272497	67.00
68.00	06800	SPEECH PATHOLOGY	162,802	673,944	836,746	0.519544	68.00
69.00	06900	ELECTROCARDIOLOGY	726,016	6,484,757	7,210,773	0.059014	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,109,472	6,534,020	8,643,492	0.797350	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,981,228	3,207,485	5,188,713	0.796321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,723,019	17,926,407	21,649,426	0.620500	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	27,337	927,175	954,512	0.525219	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	6,098	2,419,278	2,425,376	0.603954	76.03
76.97	07697	CARDIAC REHABILITATION	260	313,430	313,690	2.598435	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	2,495	60,626	63,121	3.061786	90.01
90.02	09002	VEIN CENTER	0	2,750,923	2,750,923	0.123809	90.02
90.03	09003	OBGYN	716,139	195,753	911,892	1.571852	90.03
91.00	09100	EMERGENCY	2,516,871	18,273,401	20,790,272	0.305564	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	162,726	1,879,813	2,042,539	1.417744	92.00
93.00	04952	BEHAVIORAL HEALTH	18,418	51,523	69,941	0.300253	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,416,634	2,416,634		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,591,671	2,591,671		116.00
200.00		Subtotal (see instructions)	59,907,477	273,837,330	333,744,807		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	59,907,477	273,837,330	333,744,807		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 1:07 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.000000		76.00
76.02	03951	CASE MANAGEMENT	0.000000		76.02
76.03	03950	PAIN MANAGEMENT	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PALLIATIVE HEALTH	0.000000		90.01
90.02	09002	VEIN CENTER	0.000000		90.02
90.03	09003	OBGYN	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04952	BEHAVIORAL HEALTH	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,445,245	1,510	1,443,735	9,881	146.11	30.00
31.00	INTENSIVE CARE UNIT	296,359		296,359	1,061	279.32	31.00
43.00	NURSERY	27,478		27,478	1,478	18.59	43.00
200.00	Total (Lines 30 through 199)	1,769,082		1,767,572	12,420		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	2,863	418,313				
31.00	INTENSIVE CARE UNIT	456	127,370				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	3,319	545,683				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0065

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,444,987	94,185,014	0.015342	6,292,257	96,536	50.00
51.00	05100	RECOVERY ROOM	84,228	8,744,185	0.009632	332,050	3,198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,119	6,529,586	0.018243	802,593	14,642	52.00
53.00	05300	ANESTHESIOLOGY	114,350	5,903,364	0.019370	349,815	6,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,357,150	20,607,517	0.065857	464,426	30,586	54.00
54.01	03630	ULTRA SOUND	70,574	4,306,592	0.016387	132,643	2,174	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	7,587	1,749,075	0.004338	32,581	141	54.02
57.00	05700	CT SCAN	220,342	38,041,903	0.005792	1,577,258	9,135	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,906	9,385,046	0.002228	350,234	780	58.00
60.00	06000	LABORATORY	455,729	41,253,500	0.011047	2,644,297	29,212	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	11,785	646,515	0.018229	148,142	2,700	63.00
64.00	06400	INTRAVENOUS THERAPY	83,611	1,519,056	0.055041	201,783	11,106	64.00
65.00	06500	RESPIRATORY THERAPY	148,453	6,029,967	0.024619	1,689,488	41,594	65.00
66.00	06600	PHYSICAL THERAPY	234,686	5,081,926	0.046181	322,157	14,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,806	2,281,949	0.007365	279,317	2,057	67.00
68.00	06800	SPEECH PATHOLOGY	12,664	836,746	0.015135	27,117	410	68.00
69.00	06900	ELECTROCARDIOLOGY	49,239	7,210,773	0.006829	477,664	3,262	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,067	8,643,492	0.000702	995,074	699	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	846	5,188,713	0.000163	833,378	136	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	259,494	21,649,426	0.011986	1,796,108	21,528	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	53,337	954,512	0.055879	7,174	401	76.00
76.02	03951	CASE MANAGEMENT	0	0	0.000000	0	0	76.02
76.03	03950	PAIN MANAGEMENT	100,422	2,425,376	0.041405	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	96,725	313,690	0.308346	260	80	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	6,919	63,121	0.109615	561	61	90.01
90.02	09002	VEIN CENTER	20,000	2,750,923	0.007270	0	0	90.02
90.03	09003	OBGYN	168,284	911,892	0.184544	0	0	90.03
91.00	09100	EMERGENCY	379,608	20,790,272	0.018259	655,365	11,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	331,821	2,042,539	0.162455	50,708	8,238	92.00
93.00	04952	BEHAVIORAL HEALTH	3,490	69,941	0.049899	0	0	93.00
200.00		Total (lines 50 through 199)	5,879,229	320,116,611		20,462,450	312,296	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/24/2019 1:07 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	9,881	0.00	2,863	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,061	0.00	456	31.00
43.00	04300	NURSERY	0	1,478	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	12,420		3,319	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 1:07 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.01 03630 ULTRA SOUND	0	0	0	0	0	0	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0	0	0	0	0	76.00	
76.02 03951 CASE MANAGEMENT	0	0	0	0	0	0	76.02	
76.03 03950 PAIN MANAGEMENT	0	0	0	0	0	0	76.03	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 PALLIATIVE HEALTH	0	0	0	0	0	0	90.01	
90.02 09002 VEIN CENTER	0	0	0	0	0	0	90.02	
90.03 09003 OBGYN	0	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
93.00 04952 BEHAVIORAL HEALTH	0	0	0	0	0	0	93.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 1:07 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
		4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	94,185,014	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	8,744,185	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,529,586	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	5,903,364	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	20,607,517	0.000000	54.00	
54.01	03630	ULTRA SOUND	0	0	0	4,306,592	0.000000	54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,749,075	0.000000	54.02	
57.00	05700	CT SCAN	0	0	0	38,041,903	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	9,385,046	0.000000	58.00	
60.00	06000	LABORATORY	0	0	0	41,253,500	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	646,515	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,519,056	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,029,967	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	5,081,926	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,281,949	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	836,746	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,210,773	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,643,492	0.000000	71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	5,188,713	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,649,426	0.000000	73.00	
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	0	954,512	0.000000	76.00	
76.02	03951	CASE MANAGEMENT	0	0	0	0	0.000000	76.02	
76.03	03950	PAIN MANAGEMENT	0	0	0	2,425,376	0.000000	76.03	
76.97	07697	CARDIAC REHABILITATION	0	0	0	313,690	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	PALLIATIVE HEALTH	0	0	0	63,121	0.000000	90.01	
90.02	09002	VEIN CENTER	0	0	0	2,750,923	0.000000	90.02	
90.03	09003	OBGYN	0	0	0	911,892	0.000000	90.03	
91.00	09100	EMERGENCY	0	0	0	20,790,272	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,042,539	0.000000	92.00	
93.00	04952	BEHAVIORAL HEALTH	0	0	0	69,941	0.000000	93.00	
200.00		Total (lines 50 through 199)	0	0	0	320,116,611		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0065

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	6,292,257	0	17,048,055	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	332,050	0	1,771,808	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	802,593	0	1,985	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	349,815	0	946,545	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	464,426	0	4,832,649	0	54.00
54.01	03630 ULTRA SOUND	0.000000	132,643	0	909,155	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	32,581	0	601,527	0	54.02
57.00	05700 CT SCAN	0.000000	1,577,258	0	8,066,824	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	350,234	0	2,386,528	0	58.00
60.00	06000 LABORATORY	0.000000	2,644,297	0	4,542,280	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	148,142	0	123,423	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	201,783	0	808,236	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,689,488	0	565,112	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	322,157	0	32,113	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	279,317	0	116,983	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	27,117	0	3,459	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	477,664	0	1,709,357	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	995,074	0	1,338,140	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	833,378	0	794,362	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,796,108	0	5,241,882	0	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.000000	7,174	0	253,605	0	76.00
76.02	03951 CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.000000	0	0	475,104	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.000000	260	0	130,650	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	0.000000	561	0	19,015	0	90.01
90.02	09002 VEIN CENTER	0.000000	0	0	15,540	0	90.02
90.03	09003 OBGYN	0.000000	0	0	195,753	0	90.03
91.00	09100 EMERGENCY	0.000000	655,365	0	2,846,882	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	50,708	0	527,527	0	92.00
93.00	04952 BEHAVIORAL HEALTH	0.000000	0	0	18,831	0	93.00
200.00	Total (lines 50 through 199)		20,462,450	0	56,323,330	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 1:07 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.102750	17,048,055	0	0	1,751,688	50.00
51.00	05100	RECOVERY ROOM	0.116448	1,771,808	0	0	206,323	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342475	1,985	0	0	680	52.00
53.00	05300	ANESTHESIOLOGY	0.077262	946,545	0	0	73,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361263	4,832,649	0	0	1,745,857	54.00
54.01	03630	ULTRA SOUND	0.173951	909,155	0	0	158,148	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.053253	601,527	0	0	32,033	54.02
57.00	05700	CT SCAN	0.034866	8,066,824	0	0	281,258	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057185	2,386,528	0	0	136,474	58.00
60.00	06000	LABORATORY	0.129976	4,542,280	0	0	590,387	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.561373	123,423	0	0	69,286	63.00
64.00	06400	INTRAVENOUS THERAPY	0.399246	808,236	0	0	322,685	64.00
65.00	06500	RESPIRATORY THERAPY	0.343549	565,112	0	0	194,144	65.00
66.00	06600	PHYSICAL THERAPY	0.512636	32,113	171	0	16,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272497	116,983	0	0	31,878	67.00
68.00	06800	SPEECH PATHOLOGY	0.519544	3,459	0	0	1,797	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059014	1,709,357	0	0	100,876	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.797350	1,338,140	0	0	1,066,966	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.796321	794,362	0	0	632,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.620500	5,241,882	0	12,803	3,252,588	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.525219	253,605	0	0	133,198	76.00
76.02	03951	CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.603954	475,104	0	0	286,941	76.03
76.97	07697	CARDIAC REHABILITATION	2.598435	130,650	0	0	339,486	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	3.061786	19,015	0	0	58,220	90.01
90.02	09002	VEIN CENTER	0.123809	15,540	0	0	1,924	90.02
90.03	09003	OBGYN	1.571852	195,753	0	0	307,695	90.03
91.00	09100	EMERGENCY	0.305564	2,846,882	0	0	869,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.417744	527,527	0	0	747,898	92.00
93.00	04952	BEHAVIORAL HEALTH	0.300253	18,831	0	0	5,654	93.00
200.00		Subtotal (see instructions)		56,323,330	171	12,803	13,416,150	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		56,323,330	171	12,803	13,416,150	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 1:07 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	88	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,944		73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0		76.00
76.02 03951 CASE MANAGEMENT	0	0		76.02
76.03 03950 PAIN MANAGEMENT	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PALLIATIVE HEALTH	0	0		90.01
90.02 09002 VEIN CENTER	0	0		90.02
90.03 09003 OBGYN	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04952 BEHAVIORAL HEALTH	0	0		93.00
200.00 Subtotal (see instructions)	88	7,944		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	88	7,944		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 1:07 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.102750	0	0	949,700	0
51.00 05100 RECOVERY ROOM	0.116448	0	0	93,447	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.342475	0	0	11,570	0
53.00 05300 ANESTHESIOLOGY	0.077262	0	0	94,733	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.361263	0	0	186,022	0
54.01 03630 ULTRA SOUND	0.173951	0	0	50,788	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.053253	0	0	11,902	0
57.00 05700 CT SCAN	0.034866	0	0	484,798	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.057185	0	0	92,780	0
60.00 06000 LABORATORY	0.129976	0	0	456,019	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.561373	0	0	2,393	0
64.00 06400 INTRAVENOUS THERAPY	0.399246	0	0	13,962	0
65.00 06500 RESPIRATORY THERAPY	0.343549	0	0	48,234	0
66.00 06600 PHYSICAL THERAPY	0.512636	0	0	49,715	0
67.00 06700 OCCUPATIONAL THERAPY	0.272497	0	0	22,766	0
68.00 06800 SPEECH PATHOLOGY	0.519544	0	0	24,227	0
69.00 06900 ELECTROCARDIOLOGY	0.059014	0	0	67,161	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.797350	0	0	113,241	0
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.796321	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.620500	0	0	131,244	0
76.00 03952 WOUND CARE (DIABETES CENTER)	0.525219	0	0	8,072	0
76.02 03951 CASE MANAGEMENT	0.000000	0	0	0	0
76.03 03950 PAIN MANAGEMENT	0.603954	0	0	77,160	0
76.97 07697 CARDIAC REHABILITATION	2.598435	0	0	1,033	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 PALLIATIVE HEALTH	3.061786	0	0	2,637	0
90.02 09002 VEIN CENTER	0.123809	0	0	25,294	0
90.03 09003 OBGYN	1.571852	0	0	0	0
91.00 09100 EMERGENCY	0.305564	0	0	391,474	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.417744	0	0	80,625	0
93.00 04952 BEHAVIORAL HEALTH	0.300253	0	0	0	0
200.00	Subtotal (see instructions)	0	0	3,490,997	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 - line 201)			3,490,997	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 1:07 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	97,582		50.00
51.00 05100 RECOVERY ROOM	0	10,882		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,962		52.00
53.00 05300 ANESTHESIOLOGY	0	7,319		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	67,203		54.00
54.01 03630 ULTRA SOUND	0	8,835		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	634		54.02
57.00 05700 CT SCAN	0	16,903		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,306		58.00
60.00 06000 LABORATORY	0	59,272		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,343		63.00
64.00 06400 INTRAVENOUS THERAPY	0	5,574		64.00
65.00 06500 RESPIRATORY THERAPY	0	16,571		65.00
66.00 06600 PHYSICAL THERAPY	0	25,486		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,204		67.00
68.00 06800 SPEECH PATHOLOGY	0	12,587		68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,963		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,293		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	81,437		73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	4,240		76.00
76.02 03951 CASE MANAGEMENT	0	0		76.02
76.03 03950 PAIN MANAGEMENT	0	46,601		76.03
76.97 07697 CARDIAC REHABILITATION	0	2,684		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PALLIATIVE HEALTH	0	8,074		90.01
90.02 09002 VEIN CENTER	0	3,132		90.02
90.03 09003 OBGYN	0	0		90.03
91.00 09100 EMERGENCY	0	119,620		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	114,306		92.00
93.00 04952 BEHAVIORAL HEALTH	0	0		93.00
200.00	0	820,013		200.00
201.00	0			201.00
202.00	0	820,013		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2019 1:07 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,945	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,881	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,610	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		47	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		17	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)		2,863	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)		47	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		224.47	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		155.02	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)		12,612,672	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)		10,550	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)		2,635	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)		13,185	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,599,487	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)		12,599,487	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,275.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,650,669	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)		3,650,669	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	2,682,033	1,061	2,527.84	456	1,152,695		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,479,925		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,283,289		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)					545,683		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					312,296		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					857,979		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,425,310		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)					10,550		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)					10,550		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,271		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,275.12		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,895,798		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,445,245	12,612,672	0.114587	2,895,798	331,821	90.00
91.00	Nursing School cost	0	12,612,672	0.000000	2,895,798	0	91.00
92.00	Allied health cost	0	12,612,672	0.000000	2,895,798	0	92.00
93.00	All other Medical Education	0	12,612,672	0.000000	2,895,798	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2019 1:07 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,945	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,881	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,610	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		47	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		17	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,589	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)		1,478	15.00
16.00	Nursery days (title V or XIX only)		739	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		224.47	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		155.02	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)		12,612,672	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)		10,550	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)		2,635	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)		13,185	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,599,487	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)		12,599,487	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,275.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,026,166	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,026,166	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 1:07 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	936,130	1,478	633.38	739	468,068	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,682,033	1,061	2,527.84	54	136,503	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					525,079	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,155,816	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,271	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,275.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,895,798	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,445,245	12,612,672	0.114587	2,895,798	331,821	90.00
91.00	Nursing School cost	0	12,612,672	0.000000	2,895,798	0	91.00
92.00	Allied health cost	0	12,612,672	0.000000	2,895,798	0	92.00
93.00	All other Medical Education	0	12,612,672	0.000000	2,895,798	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,933,212	30.00
31.00	03100	INTENSIVE CARE UNIT		598,272	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102750	6,292,257	50.00
51.00	05100	RECOVERY ROOM	0.116448	332,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342475	802,593	52.00
53.00	05300	ANESTHESIOLOGY	0.077262	349,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.365778	464,426	54.00
54.01	03630	ULTRA SOUND	0.173951	132,643	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.053253	32,581	54.02
57.00	05700	CT SCAN	0.034866	1,577,258	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057185	350,234	58.00
60.00	06000	LABORATORY	0.130670	2,644,297	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.561373	148,142	63.00
64.00	06400	INTRAVENOUS THERAPY	0.399246	201,783	64.00
65.00	06500	RESPIRATORY THERAPY	0.343549	1,689,488	65.00
66.00	06600	PHYSICAL THERAPY	0.512636	322,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272497	279,317	67.00
68.00	06800	SPEECH PATHOLOGY	0.519544	27,117	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059142	477,664	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.797350	995,074	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.796321	833,378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.620500	1,796,108	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.525219	7,174	76.00
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0.603954	0	76.03
76.97	07697	CARDIAC REHABILITATION	2.598435	260	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	3.061786	561	90.01
90.02	09002	VEIN CENTER	0.123809	0	90.02
90.03	09003	OBGYN	1.571852	0	90.03
91.00	09100	EMERGENCY	0.305564	655,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.417744	50,708	92.00
93.00	04952	BEHAVIORAL HEALTH	0.300253	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		20,462,450	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)		20,462,450	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 1:07 pm
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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
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.102750	0	0	50.00
51.00	05100 RECOVERY ROOM	0.116448	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342475	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.077262	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.365778	268	98	54.00
54.01	03630 ULTRA SOUND	0.173951	833	145	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.053253	0	0	54.02
57.00	05700 CT SCAN	0.034866	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.057185	0	0	58.00
60.00	06000 LABORATORY	0.130670	7,414	969	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.561373	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.399246	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.343549	5,796	1,991	65.00
66.00	06600 PHYSICAL THERAPY	0.512636	13,448	6,894	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.272497	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.519544	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059142	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.797350	2,828	2,255	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.796321	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.620500	24,833	15,409	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.525219	45	24	76.00
76.02	03951 CASE MANAGEMENT	0.000000	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.603954	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	2.598435	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	3.061786	0	0	90.01
90.02	09002 VEIN CENTER	0.123809	0	0	90.02
90.03	09003 OBGYN	1.571852	0	0	90.03
91.00	09100 EMERGENCY	0.305564	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.417744	0	0	92.00
93.00	04952 BEHAVIORAL HEALTH	0.300253	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		55,465	27,785	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)		55,465		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		218,667	30.00
31.00	03100	INTENSIVE CARE UNIT		51,488	31.00
43.00	04300	NURSERY		132,055	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102750	397,915	50.00
51.00	05100	RECOVERY ROOM	0.116448	27,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342475	600,969	52.00
53.00	05300	ANESTHESIOLOGY	0.077262	112,650	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361263	17,799	54.00
54.01	03630	ULTRA SOUND	0.173951	17,083	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.053253	2,481	54.02
57.00	05700	CT SCAN	0.034866	57,666	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057185	14,514	58.00
60.00	06000	LABORATORY	0.129976	278,045	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.561373	9,375	63.00
64.00	06400	INTRAVENOUS THERAPY	0.399246	9,732	64.00
65.00	06500	RESPIRATORY THERAPY	0.343549	83,954	65.00
66.00	06600	PHYSICAL THERAPY	0.512636	9,483	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272497	7,827	67.00
68.00	06800	SPEECH PATHOLOGY	0.519544	343	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059014	22,951	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.797350	75,927	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.796321	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.620500	132,865	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.525219	1,682	76.00
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0.603954	0	76.03
76.97	07697	CARDIAC REHABILITATION	2.598435	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	3.061786	1,581	90.01
90.02	09002	VEIN CENTER	0.123809	0	90.02
90.03	09003	OBGYN	1.571852	0	90.03
91.00	09100	EMERGENCY	0.305564	72,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.417744	406	92.00
93.00	04952	BEHAVIORAL HEALTH	0.300253	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,954,999	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,954,999	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 1:07 pm	
Cost Center Description		Title XIX	Swing Beds - NF	Cost	
		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
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102750	0	50.00
51.00	05100	RECOVERY ROOM	0.116448	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.342475	0	52.00
53.00	05300	ANESTHESIOLOGY	0.077262	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.361263	0	54.00
54.01	03630	ULTRA SOUND	0.173951	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.053253	0	54.02
57.00	05700	CT SCAN	0.034866	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057185	0	58.00
60.00	06000	LABORATORY	0.129976	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.561373	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.399246	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.343549	0	65.00
66.00	06600	PHYSICAL THERAPY	0.512636	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272497	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.519544	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059014	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.797350	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.796321	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.620500	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.525219	0	76.00
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0.603954	0	76.03
76.97	07697	CARDIAC REHABILITATION	2.598435	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	3.061786	0	90.01
90.02	09002	VEIN CENTER	0.123809	0	90.02
90.03	09003	OBGYN	1.571852	0	90.03
91.00	09100	EMERGENCY	0.305564	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.417744	0	92.00
93.00	04952	BEHAVIORAL HEALTH	0.300253	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,864,977	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,621,659	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)		225,213	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		426,249	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		84.60	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.70	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.52	31.00
32.00	Sum of lines 30 and 31		30.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		194,599	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		537,559	1,050,933 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		402,065	264,893 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		666,958	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)		7,573,406	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)		7,573,406	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		551,672	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		8,125,078	59.00
60.00	Primary payer payments		620	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,124,458	61.00
62.00	Deductibles billed to program beneficiaries		908,280	62.00
63.00	Coinurance billed to program beneficiaries		5,695	63.00
64.00	Allowable bad debts (see instructions)		40,299	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		26,194	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		20,767	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,236,677	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)		85,110	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2018	453,955	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)	2019	192,455	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)		7,968,197	71.00
71.01	Sequestration adjustment (see instructions)		159,364	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		7,553,101	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)		255,732	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		497,456	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2019 1:07 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,864,977	0	4,864,977		4,864,977	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,621,659	0		1,621,659	1,621,659	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	225,213	0	168,910	56,303	225,213	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	426,249	0	318,811	107,438	426,249	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	194,599	0	145,949	48,650	194,599	11.00
11.01	Uncompensated care payments	36.00	666,958	0	402,065	264,893	666,958	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	7,573,406	0	5,581,901	1,991,505	7,573,406	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	7,573,406	0	5,581,901	1,991,505	7,573,406	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	551,672	0	413,754	137,918	551,672	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2019 1:07 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	5,995,655	2,129,423	8,125,078	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	521,744	0	391,308	130,436	521,744	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	29,928	0	22,446	7,482	29,928	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	551,672	0	413,754	137,918	551,672	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.075714	0.090379		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			453,955		453,955	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				192,455	192,455	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2019 1:07 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,864,977	4,864,977		4,864,977	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,621,659		1,621,659	1,621,659	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	225,213	168,910	56,303	225,213	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	426,249	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	194,599	145,949	48,650	194,599	11.00
11.01	Uncompensated care payments	36.00	666,958	402,065	264,893	666,958	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	7,573,406	5,581,901	1,991,505	7,573,406	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	7,573,406	5,581,901	1,991,505	7,573,406	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	551,672	413,754	137,918	551,672	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,995,655	2,129,423	8,125,078	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0065

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2019 1:07 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	521,744	391,308	130,436	521,744	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	29,928	22,446	7,482	29,928	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	551,672	413,754	137,918	551,672	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	453,955	453,955		453,955	28.00
29.00	Low volume adjustment on or after October 1	70.97	192,455		192,455	192,455	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	85,110	0	85,110	85,110	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,032	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,416,150	2.00
3.00	OPPS payments		11,366,855	3.00
4.00	Outlier payment (see instructions)		204,257	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,032	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,974	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)		12,974	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)		12,974	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,942	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)		8,032	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)		11,571,112	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		34	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,290,854	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)		9,288,256	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,288,256	30.00
31.00	Primary payer payments		4,094	31.00
32.00	Subtotal (line 30 minus line 31)		9,284,162	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)		285,537	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		185,599	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		247,694	36.00
37.00	Subtotal (see instructions)		9,469,761	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MSR		1,125	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)		9,470,886	40.00
40.01	Sequestration adjustment (see instructions)		189,418	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,094,059	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		187,409	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,156,664	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: 15-0065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,553,101		9,094,059	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,553,101		9,094,059	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		255,732		187,409	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,808,833		9,281,468	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: 15-0065
Component CCN: 15-U065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Title XVIII

Swing Beds - SNF

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		6,999		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,999		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		1		0	6.02
7.00	Total Medicare program liability (see instructions)		6,998		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: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-2
		Component CCN: 15-U065		Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	8,305	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	47	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	8,305	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	8,305	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	8,305	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	1,164	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	7,141	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	7,141	0	19.00
19.01	Sequestration adjustment (see instructions)	143	0	19.01
19.02	Demonstration payment adjustment amount after sequestration	0	0	19.02
20.00	Interim payments	6,999	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	-1	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-2
		Component CCN: 15-U065	Date/Time Prepared: 5/24/2019 1:07 pm	
		Title XIX	Swing Beds - NF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	0		3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration	0		16.99
17.00	Allowable bad debts (see instructions)	0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (see instructions)	0		19.00
19.01	Sequestration adjustment (see instructions)	0		19.01
19.02	Demonstration payment adjustment amount after sequestration	0		19.02
20.00	Interim payments	0		20.00
21.00	Tentative settlement (for contractor use only)	0		21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0		22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

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

Provider CCN: 15-0065

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

Worksheet G
Date/Time Prepared:
5/24/2019 1:07 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	50,750,399	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,888,564	0	0	0	4.00
5.00	Other receivable	14,091,318	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,218,108	0	0	0	6.00
7.00	Inventory	4,107,699	0	0	0	7.00
8.00	Prepaid expenses	2,790,424	0	0	0	8.00
9.00	Other current assets	11,117,914	0	0	0	9.00
10.00	Due from other funds	198,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	106,726,210	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,815,404	0	0	0	12.00
13.00	Land improvements	4,523,059	0	0	0	13.00
14.00	Accumulated depreciation	-2,778,425	0	0	0	14.00
15.00	Buildings	95,724,254	0	0	0	15.00
16.00	Accumulated depreciation	-46,896,463	0	0	0	16.00
17.00	Leasehold improvements	4,329,079	0	0	0	17.00
18.00	Accumulated depreciation	-94,659	0	0	0	18.00
19.00	Fixed equipment	6,310,242	0	0	0	19.00
20.00	Accumulated depreciation	-4,418,480	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	50,234,730	0	0	0	23.00
24.00	Accumulated depreciation	-37,088,284	0	0	0	24.00
25.00	Minor equipment depreciable	3,608,657	0	0	0	25.00
26.00	Accumulated depreciation	-3,322,199	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	79,946,915	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,195,367	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	181,792,762	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	191,988,129	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	378,661,254	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,590,897	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,715,541	0	0	0	38.00
39.00	Payroll taxes payable	26,601	0	0	0	39.00
40.00	Notes and loans payable (short term)	26,351	0	0	0	40.00
41.00	Deferred income	1,151,276	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,082	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,511,748	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	27,780,912	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,725,706	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,506,618	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	53,018,366	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	325,642,888	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	325,642,888	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	378,661,254	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0065

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

Worksheet G-1

Date/Time Prepared:
5/24/2019 1:07 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		324,734,443		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		908,445			2.00
3.00	Total (sum of line 1 and line 2)		325,642,888		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		325,642,888		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		325,642,888		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	5,637,553		5,637,553	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	5,637,553		5,637,553	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,549,613		1,549,613	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,549,613		1,549,613	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	7,187,166		7,187,166	17.00
18.00	Ancillary services	50,781,823	262,376,555	313,158,378	18.00
19.00	Outpatient services	7,200,430	42,687,431	49,887,861	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,416,634	2,416,634	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,611,761	2,611,761	26.00
27.00	OTHER OUTPATIENT	112,043	1,625,861	1,737,904	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	65,281,462	311,718,242	376,999,704	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		144,098,160		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		144,098,160		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0065

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

Worksheet G-3

Date/Time Prepared:
5/24/2019 1:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	376,999,704	1.00
2.00	Less contractual allowances and discounts on patients' accounts	233,895,795	2.00
3.00	Net patient revenues (line 1 minus line 2)	143,103,909	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	144,098,160	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-994,251	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	264,340	6.00
7.00	Income from investments	-4,485,562	7.00
8.00	Revenues from telephone and other miscellaneous communication services	7,364	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	69,794	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	437,911	14.00
15.00	Revenue from rental of living quarters	612,062	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	171,341	17.00
18.00	Revenue from sale of medical records and abstracts	19,647	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	4,220	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	5,621	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	88,947	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	1,678,089	24.00
24.01	GRANT REVENUE	180,093	24.01
24.02	MISCELLANEOUS INCOME	3,086,648	24.02
24.03	UNREALIZED GAIN/LOSS	-268,782	24.03
24.04	EHR INCENTIVE	30,963	24.04
25.00	Total other income (sum of lines 6-24)	1,902,696	25.00
26.00	Total (line 5 plus line 25)	908,445	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	908,445	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet H

HHA CCN: 15-7155

To 12/31/2018

Date/Time Prepared: 5/24/2019 1:07 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	421,669	0	514	24,146	114,280	560,609
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	442,261	0	0	0	442,261	6.00
7.00	Physical Therapy	210,006	0	0	0	210,006	7.00
8.00	Occupational Therapy	192,944	0	0	0	192,944	8.00
9.00	Speech Pathology	12,654	0	0	0	12,654	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	46,573	0	0	0	46,573	11.00
12.00	Supplies (see instructions)	0	0	0	5,065	5,065	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,326,107	0	514	24,146	119,345	1,470,112
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	560,609	416	561,025		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	442,261	0	442,261		6.00
7.00	Physical Therapy	0	210,006	0	210,006		7.00
8.00	Occupational Therapy	0	192,944	0	192,944		8.00
9.00	Speech Pathology	0	12,654	0	12,654		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	46,573	0	46,573		11.00
12.00	Supplies (see instructions)	0	5,065	0	5,065		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)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	1,470,112	416	1,470,528		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 5/24/2019 1:07 pm

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet H-1 Part I Date/Time Prepared: 5/24/2019 1:07 pm
		HHA CCN: 15-7155	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					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	561,025	0	0	0	561,025	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	442,261	0	0	0	442,261	6.00	
7.00	Physical Therapy	210,006	0	0	0	210,006	7.00	
8.00	Occupational Therapy	192,944	0	0	0	192,944	8.00	
9.00	Speech Pathology	12,654	0	0	0	12,654	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	46,573	0	0	0	46,573	11.00	
12.00	Supplies (see instructions)	5,065	0	0	0	5,065	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,470,528	0	0	0	1,470,528	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	561,025					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	272,808	715,069				6.00	
7.00	Physical Therapy	129,542	339,548				7.00	
8.00	Occupational Therapy	119,017	311,961				8.00	
9.00	Speech Pathology	7,806	20,460				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	28,728	75,301				11.00	
12.00	Supplies (see instructions)	3,124	8,189				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
23.50	Telemedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		1,470,528				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet H-1

HHA CCN: 15-7155

To 12/31/2018

Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Home Health Agency I

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						3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	1,690			0		1.00	
2.00	Capital Related - Movable Equipment		95,391		0		2.00	
3.00	Plant Operation & Maintenance	0	0	1,690	0		3.00	
4.00	Transportation (see instructions)	0	0	0	0		4.00	
5.00	Administrative and General	1,690	95,391	1,690	0	-561,025	909,503	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	442,261	6.00
7.00	Physical Therapy	0	0	0	0	0	210,006	7.00
8.00	Occupational Therapy	0	0	0	0	0	192,944	8.00
9.00	Speech Pathology	0	0	0	0	0	12,654	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	46,573	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	5,065	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,690	95,391	1,690	0	-561,025	909,503	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	561,025	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.616848	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet H-2 Part I

HHA CCN: 15-7155

To 12/31/2018

Date/Time Prepared: 5/24/2019 1:07 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	20,647	935	122,192	143,774	28,850	1.00	
2.00 Skilled Nursing Care	715,069	0	0	128,032	843,101	169,178	2.00	
3.00 Physical Therapy	339,548	0	0	60,796	400,344	80,333	3.00	
4.00 Occupational Therapy	311,961	0	0	55,857	367,818	73,807	4.00	
5.00 Speech Pathology	20,460	0	0	3,663	24,123	4,841	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	75,301	0	0	13,483	88,784	17,815	7.00	
8.00 Supplies (see instructions)	8,189	0	0	0	8,189	1,643	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)	1,470,528	20,647	935	384,023	1,876,133	376,467	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
	7.00	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	29,771	0	10,119	0	5,384	58,077	1.00	
2.00 Skilled Nursing Care	0	0	0	0	6,012	64,849	2.00	
3.00 Physical Therapy	0	0	0	0	2,732	29,471	3.00	
4.00 Occupational Therapy	0	0	0	0	2,552	27,532	4.00	
5.00 Speech Pathology	0	0	0	0	137	1,475	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	1,322	14,261	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)	29,771	0	10,119	0	18,139	195,665	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.
5/24/2019 1:07 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2018

Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Home Health
Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	13,958	0	0	289,933	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,083,140	2.00
3.00 Physical Therapy	0	0	0	0	0	512,880	3.00
4.00 Occupational Therapy	0	0	0	0	0	471,709	4.00
5.00 Speech Pathology	0	0	0	0	0	30,576	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	122,182	7.00
8.00 Supplies (see instructions)	21,838	0	0	0	0	31,670	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)	21,838	0	13,958	0	0	2,542,090	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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	289,933					1.00
2.00 Skilled Nursing Care	0	1,083,140	139,439	1,222,579			2.00
3.00 Physical Therapy	0	512,880	66,026	578,906			3.00
4.00 Occupational Therapy	0	471,709	60,726	532,435			4.00
5.00 Speech Pathology	0	30,576	3,936	34,512			5.00
6.00 Medical Social Services	0	0	0	0			6.00
7.00 Home Health Aide	0	122,182	15,729	137,911			7.00
8.00 Supplies (see instructions)	0	31,670	4,077	35,747			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0			19.50
20.00 Total (sum of lines 1-19) (2)	0	2,542,090	289,933	2,542,090			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.			0.128736				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.
5/24/2019 1:07 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0065
HHA CCN: 15-7155

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

Worksheet H-2
Part II
Date/Time Prepared: 5/24/2019 1:07 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,690	919	422,085	0	143,774	1,690	1.00
2.00 Skilled Nursing Care	0	0	442,261	0	843,101	0	2.00
3.00 Physical Therapy	0	0	210,006	0	400,344	0	3.00
4.00 Occupational Therapy	0	0	192,944	0	367,818	0	4.00
5.00 Speech Pathology	0	0	12,654	0	24,123	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	46,574	0	88,784	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	8,189	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)	1,690	919	1,326,524		1,876,133	1,690	20.00
21.00 Total cost to be allocated	20,647	935	384,023		376,467	29,771	21.00
22.00 Unit cost multiplier	12.217160	1.017410	0.289496		0.200661	17.615976	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	1,690	0	10,275	10,275	0	1.00
2.00 Skilled Nursing Care	0	0	0	11,473	11,473	0	2.00
3.00 Physical Therapy	0	0	0	5,214	5,214	0	3.00
4.00 Occupational Therapy	0	0	0	4,871	4,871	0	4.00
5.00 Speech Pathology	0	0	0	261	261	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	2,523	2,523	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8,808	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	1,690	0	34,617	34,617	8,808	20.00
21.00 Total cost to be allocated	0	10,119	0	18,139	195,665	21,838	21.00
22.00 Unit cost multiplier	0.000000	5.987574	0.000000	0.523991	5.652281	2.479337	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2018

Part II
Date/Time Prepared: 5/24/2019 1:07 pm

Home Health Agency I

PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)			
			15.00			
1.00 Administrative and General	0	2,416,634	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	2,416,634	0	0		20.00
21.00 Total cost to be allocated	0	13,958	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.005776	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/24/2019 1:07 pm
		HHA CCN: 15-7155		

			Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,222,579		1,222,579	3,020	404.83	1.00
2.00	Physical Therapy	3.00	578,906	0	578,906	2,894	200.04	2.00
3.00	Occupational Therapy	4.00	532,435	0	532,435	1,892	281.41	3.00
4.00	Speech Pathology	5.00	34,512	0	34,512	87	396.69	4.00
5.00	Medical Social Services	6.00	0		0	12	0.00	5.00
6.00	Home Health Aide	7.00	137,911		137,911	934	147.66	6.00
7.00	Total (sum of lines 1-6)		2,506,343	0	2,506,343	8,839		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		18020	0	47		8.00
8.01	Skilled Nursing Care		31140	0	134		8.01
8.02	Skilled Nursing Care		99915	0	1,255		8.02
9.00	Physical Therapy		18020	0	46		9.00
9.01	Physical Therapy		31140	0	58		9.01
9.02	Physical Therapy		99915	0	1,310		9.02
10.00	Occupational Therapy		18020	0	30		10.00
10.01	Occupational Therapy		31140	0	42		10.01
10.02	Occupational Therapy		99915	0	877		10.02
11.00	Speech Pathology		18020	0	0		11.00
11.01	Speech Pathology		31140	0	1		11.01
11.02	Speech Pathology		99915	0	47		11.02
12.00	Medical Social Services		18020	0	0		12.00
12.01	Medical Social Services		31140	0	0		12.01
12.02	Medical Social Services		99915	0	2		12.02
13.00	Home Health Aide		18020	0	44		13.00
13.01	Home Health Aide		31140	0	15		13.01
13.02	Home Health Aide		99915	0	350		13.02
14.00	Total (sum of lines 8-13)			0	4,258		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	35,747	0	35,747	38,025	0.940092	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,436		0	581,336	1.00
2.00	Physical Therapy	0	1,414		0	282,857	2.00
3.00	Occupational Therapy	0	949		0	267,058	3.00
4.00	Speech Pathology	0	48		0	19,041	4.00
5.00	Medical Social Services	0	2		0	0	5.00
6.00	Home Health Aide	0	409		0	60,393	6.00
7.00	Total (sum of lines 1-6)	0	4,258		0	1,210,685	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/24/2019 1:07 pm
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	12,265	0	0	11,530	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	581,336						1.00
2.00	Physical Therapy	282,857						2.00
3.00	Occupational Therapy	267,058						3.00
4.00	Speech Pathology	19,041						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	60,393						6.00
7.00	Total (sum of lines 1-6)	1,210,685						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part II Date/Time Prepared: 5/24/2019 1:07 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.512636	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.272497	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.519544	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.797350	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.620500	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-11 Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	734,120
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	34,932
13.00	Total PPS Reimbursement - LUPA Episodes		0	12,372
14.00	Total PPS Reimbursement - PEP Episodes		0	10,725
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	6,331
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	809
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	799,289
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	799,289
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	799,289
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	799,289
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	799,289
31.01	Sequestration adjustment (see instructions)		0	16,017
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	783,272
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: 15-0065

Period: From 01/01/2018

Worksheet H-5

HHA CCN: 15-7155

To 12/31/2018

Date/Time Prepared: 5/24/2019 1:07 pm

Home Health Agency I

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		783,272	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		783,272	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		783,272	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: 15-0065

Period: From 01/01/2018

Worksheet 0

Hospice CCN: 15-1529

To 12/31/2018

Date/Time Prepared: 5/24/2019 1:07 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		12,000	12,000	0	12,000
2.00	CAP REL COSTS-MVBLE EQUIP*		7,356	7,356	0	7,356
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	0	45,254	45,254	0	45,254
5.00	PLANT OPERATIONS & MAINTENANCE*	0	14,715	14,715	0	14,715
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	4,606	4,606	0	4,606
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	4,207	4,207
14.00	PHARMACY*	0	1,366	1,366	0	1,366
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	7,868	7,868	0	7,868
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	79,923	1,010	80,933	0	80,933
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	358,599	0	358,599	0	358,599
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	61,064	61,064
34.00	SPIRITUAL COUNSELING**	158,599	0	158,599	-65,271	93,328
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	96,793	0	96,793	0	96,793
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	62,009	62,009	0	62,009
39.00	PATIENT TRANSPORTATION**	0	15,196	15,196	0	15,196
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	4,655	4,655	0	4,655
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	3,028	0	3,028	0	3,028
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	696,942	176,035	872,977	0	872,977

* 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: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet 0
		Hospice CCN: 15-1529	Date/Time Prepared: 5/24/2019 1:07 pm	

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	12,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	7,356	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	45,254	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	14,715	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	4,606	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	4,207	13.00
14.00	PHARMACY*	0	1,366	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	7,868	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	80,933	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	358,599	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	61,064	33.00
34.00	SPIRITUAL COUNSELING**	0	93,328	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	96,793	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	62,009	38.00
39.00	PATIENT TRANSPORTATION**	0	15,196	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	4,655	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	3,028	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	872,977	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: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-2 Date/Time Prepared: 5/24/2019 1:07 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	76,958	973	77,931	0	77,931	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	345,297	0	345,297	0	345,297	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	58,799	58,799	33.00
34.00	SPIRITUAL COUNSELING	152,716	0	152,716	-62,850	89,866	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	93,203	0	93,203	0	93,203	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	62,009	62,009	0	62,009	38.00
39.00	PATIENT TRANSPORTATION	0	14,632	14,632	0	14,632	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,482	4,482	0	4,482	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	2,916	0	2,916	0	2,916	46.00
100.00	TOTAL *	671,090	82,096	753,186	-4,051	749,135	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	77,931	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	345,297	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	58,799	33.00
34.00	SPIRITUAL COUNSELING	0	89,866	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	93,203	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	62,009	38.00
39.00	PATIENT TRANSPORTATION	0	14,632	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,482	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	2,916	46.00
100.00	TOTAL *	0	749,135	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: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-3 Date/Time Prepared: 5/24/2019 1:07 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	1,989	25	2,014	0	2,014	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	8,922	0	8,922	0	8,922	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	1,519	1,519	33.00
34.00	SPIRITUAL COUNSELING	3,946	0	3,946	-1,624	2,322	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,408	0	2,408	0	2,408	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	378	378	0	378	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	116	116	0	116	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	75	0	75	0	75	46.00
100.00	TOTAL *	17,340	519	17,859	-105	17,754	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	2,014	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	8,922	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,519	33.00
34.00	SPIRITUAL COUNSELING	0	2,322	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,408	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	378	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	116	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	75	46.00
100.00	TOTAL *	0	17,754	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: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2018 To 12/31/2018	Worksheet 0-4 Date/Time Prepared: 5/24/2019 1:07 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	976	12	988	0	988	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,380	0	4,380	0	4,380	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	746	746	33.00
34.00	SPIRITUAL COUNSELING	1,937	0	1,937	-797	1,140	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,182	0	1,182	0	1,182	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	186	186	0	186	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	57	57	0	57	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	37	0	37	0	37	46.00
100.00	TOTAL *	8,512	255	8,767	-51	8,716	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	988	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	4,380	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	746	33.00
34.00	SPIRITUAL COUNSELING	0	1,140	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,182	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	186	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	57	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	37	46.00
100.00	TOTAL *	0	8,716	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: 15-0065

Period: From 01/01/2018

Worksheet 0-5

Hospice CCN: 15-1529

To 12/31/2018

Date/Time Prepared: 5/24/2019 1:07 pm

Descriptions		Hospice I		
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1.00	2.00	3.00
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	12,000	28,221	40,221 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,356	0	7,356 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	201,762	201,762 3.00
4.00	ADMINISTRATIVE & GENERAL	45,254	232,737	277,991 4.00
5.00	PLANT OPERATION & MAINTENANCE	14,715	40,693	55,408 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0 6.00
7.00	HOUSEKEEPING	0	13,832	13,832 7.00
8.00	DIETARY	0	0	0 8.00
9.00	NURSING ADMINISTRATION	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,606	22,961	27,567 10.00
11.00	MEDICAL RECORDS	0	14,969	14,969 11.00
12.00	STAFF TRANSPORTATION	0	0	0 12.00
13.00	VOLUNTEER SERVICE COORDINATION	4,207	0	4,207 13.00
14.00	PHARMACY	1,366	0	1,366 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0 15.00
16.00	OTHER GENERAL SERVICE	7,868	0	7,868 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0 17.00
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	749,135	0	749,135 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	17,754	0	17,754 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,716	0	8,716 53.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0	0	0 60.00
61.00	VOLUNTEER PROGRAM	0	0	0 61.00
62.00	FUNDRAISING	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0 66.00
67.00	ADVERTISING	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0 68.00
69.00	THRIFT STORE	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0 99.00
100.00	TOTAL	872,977	555,175	1,428,152 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2018

Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	40,221	40,221			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,356		7,356		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	201,762	0	0	201,762	3.00
4.00	ADMINISTRATIVE & GENERAL	277,991	7,553	0	0	285,544
5.00	PLANT OPERATION & MAINTENANCE	55,408	0	0	0	55,408
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	13,832	0	0	0	13,832
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	2,489	0	0	2,489
10.00	ROUTINE MEDICAL SUPPLIES	27,567	1,044	7,356	0	35,967
11.00	MEDICAL RECORDS	14,969	0	0	0	14,969
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	4,207	0	0	0	4,207
14.00	PHARMACY	1,366	0	0	0	1,366
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	10,878	0	0	10,878
16.00	OTHER GENERAL SERVICE	7,868	4,978	0	0	12,846
17.00	PATIENT/RESIDENTIAL CARE SERVICES		3,707	0		3,707
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	749,135			194,278	943,413
52.00	HOSPICE INPATIENT RESPIRE CARE	17,754	0	0	5,020	22,774
53.00	HOSPICE GENERAL INPATIENT CARE	8,716	0	0	2,464	11,180
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	9,572	0	0	9,572
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	1,428,152	40,221	7,356	201,762	1,428,152

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2018

Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	285,544					4.00
5.00 PLANT OPERATION & MAINTENANCE	13,847	69,255				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	3,457	0		17,289		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	622	4,285		1,070		9.00
10.00 ROUTINE MEDICAL SUPPLIES	8,988	1,798		449		10.00
11.00 MEDICAL RECORDS	3,741	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	1,051	0		0		13.00
14.00 PHARMACY	341	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	2,718	18,730		4,678		15.00
16.00 OTHER GENERAL SERVICE	3,210	8,571		2,141		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	926	6,383		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	235,766					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	5,691	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	2,794	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	2,392	16,482		4,116		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	13,006	0	4,835	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	285,544	69,255	0	17,289	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2018

Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	8,466					9.00
10.00	0	47,202				10.00
11.00	0		18,710			11.00
12.00	0			0		12.00
13.00	0			0	5,258	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	5,258	16.00
17.00						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	2,539	45,452	18,015	0	0	51.00
52.00	2,540	1,174	466	0	0	52.00
53.00	2,540	576	229	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	847			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	8,466	47,202	18,710	0	5,258	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2018

Part I
Date/Time Prepared:
5/24/2019 1:07 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	1,707					14.00
15.00	0	37,004				15.00
16.00	1,707		33,733			16.00
17.00				11,016		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	35,631	32,482		1,313,298	51.00
52.00	0	921	839	7,389	41,794	52.00
53.00	0	452	412	3,627	21,810	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		33,409	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	17,841	71.00
99.00	0	0	0	0	0	99.00
100.00	1,707	37,004	33,733	11,016	1,428,152	100.00

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

Provider CCN: 15-0065

Hospice CCN: 15-1529

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	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	2,311					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		62,009				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	696,942			3.00
4.00	ADMINISTRATIVE & GENERAL	434	0	0	-285,544	1,142,608	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	55,408	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	13,832	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	143	0	0	0	2,489	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60	62,009	0	0	35,967	10.00
11.00	MEDICAL RECORDS	0	0	0	0	14,969	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	4,207	13.00
14.00	PHARMACY	0	0	0	0	1,366	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625	0	0	0	10,878	15.00
16.00	OTHER GENERAL SERVICE	286	0	0	0	12,846	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213	0	0	0	3,707	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			671,090	0	943,413	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	17,340	0	22,774	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	8,512	0	11,180	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550	0	0	0	9,572	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	40,221	7,356	201,762		285,544	100.00
101.00	UNIT COST MULTIPLIER	17.404154	0.118628	0.289496		0.249905	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2018

Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	2,311					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		2,310			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	143		143		100	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60		60		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	625		625		0	15.00
16.00	OTHER GENERAL SERVICE	286		286		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					30	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	30	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	30	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550		550		10	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)	434	0	646	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	69,255	0	17,289	0	8,466	100.00
101.00	UNIT COST MULTIPLIER	29.967547	0.000000	7.484416	0.000000	84.660000	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2018

Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,972					10.00
11.00	MEDICAL RECORDS		10,972				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	100	100	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	10,565	10,565	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	273	273	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	134	134	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	47,202	18,710	0	5,258	1,707	100.00
101.00	UNIT COST MULTIPLIER	4.302042	1.705250	0.000000	52.580000	17.070000	101.00

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

Provider CCN: 15-0065

Period:

Worksheet 0-6

Hospice CCN: 15-1529

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

Part II
Date/Time Prepared:
5/24/2019 1:07 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	10,972				15.00
16.00	OTHER GENERAL SERVICE		10,972			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			407		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	10,565	10,565			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	273	273	273		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	134	134	134		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	37,004	33,733	11,016		100.00
101.00	UNIT COST MULTIPLIER	3.372585	3.074462	27.066339		101.00

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

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-7

Hospice CCN: 15-1529

To 12/31/2018

Date/Time Prepared: 5/24/2019 1:07 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				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	0.512636	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.272497	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.519544	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.620500	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.129976	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.797350	0	0	0	7.00
8.00	BEHAVIORAL HEALTH	93.00	0.300253	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	WOUND CARE (DIABETES CENTER)	76.00	0.525219	0	0	0	10.00
10.02	CASE MANAGEMENT	76.02	0.000000	0	0	0	10.02
10.03	PAIN MANAGEMENT	76.03	0.603954	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	2.598435	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	68,183	0	0	0	42,308	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	3,295	0	0	0	428	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,733	0	0	0	14,937	7.00
8.00	BEHAVIORAL HEALTH	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	WOUND CARE (DIABETES CENTER)	265,105	0	0	0	139,238	10.00
10.02	CASE MANAGEMENT	0	0	0	0	0	10.02
10.03	PAIN MANAGEMENT	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	196,911	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0065

Period: From 01/01/2018

Worksheet 0-8

Hospice CCN: 15-1529

To 12/31/2018

Date/Time Prepared: 5/24/2019 1:07 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
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)			1,313,298
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,565
8.00	Total average cost per diem (line 6 divided by line 7)			124.31
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	7,179	0	7,179
10.00	Program cost (line 8 times line 9)	892,421	0	892,421
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)			41,794
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			273
13.00	Total average cost per diem (line 11 divided by line 12)			153.09
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	192	0	192
15.00	Program cost (line 13 times line 14)	29,393	0	29,393
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)			218,721
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			134
18.00	Total average cost per diem (line 16 divided by line 17)			1,632.25
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	103	0	103
20.00	Program cost (line 18 times line 19)	168,122	0	168,122
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,573,813
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,972
23.00	Average cost per diem (line 21 divided by line 22)			143.44

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/24/2019 1:07 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		521,744	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		29,928	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)		24.17	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		551,672	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