

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: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/27/2018 4:49 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/27/2018 Time: 4:49 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT EVANSVILLE (15-0100) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	554,040	113,594	0	0	1.00
2.00 Subprovider - IPF	0	8,779	1		0	2.00
3.00 Subprovider - IRF	0	11,699	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	574,518	113,595	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: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:09 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 3700 WASHINGTON AVE		PO Box:		Zip Code: 47750		County: VANDERBURGH					
2.00 City: EVANSVILLE		State: IN									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ST. VINCENT EVANSVILLE	150100	21780	1	07/01/1966	N	P	O	3.00	
4.00 Subprovider - IPF		ST. VINCENT EVANSVILLE - STRESS CTR	15S100	21780	4	07/01/1987	N	P	O	4.00	
5.00 Subprovider - IRF		ST. VINCENT EVANSVILLE - REHAB UNIT	15T100	21780	5	07/01/1999	N	P	O	5.00	
6.00 Subprovider - (Other)										6.00	
7.00 Swing Beds - SNF										7.00	
8.00 Swing Beds - NF										8.00	
9.00 Hospital-Based SNF										9.00	
10.00 Hospital-Based NF										10.00	
11.00 Hospital-Based OLTC										11.00	
12.00 Hospital-Based HHA										12.00	
13.00 Separately Certified ASC										13.00	
14.00 Hospital-Based Hospice										14.00	
15.00 Hospital-Based Health Clinic - RHC										15.00	
16.00 Hospital-Based Health Clinic - FQHC										16.00	
17.00 Hospital-Based (CMHC) I										17.00	
18.00 Renal Dialysis										18.00	
19.00 Other										19.00	
						From:	To:				
						1.00	2.00				
20.00 Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018		20.00		
21.00 Type of Control (see instructions)						1			21.00		
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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							2	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.		937	696	1,609	1,707	11,249	61		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		7	51	40	74	561			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:09 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				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) or (ii)? 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) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:09 pm		
	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
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.						61.10	0.00 0.00
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.						61.20	0.00 0.00
							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)						62.00	0.00
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)						62.01	0.00
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)						63.00	N
			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)						64.00	0.00 0.00 0.000000
		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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:09 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	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.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:09 pm			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		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: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:09 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,506,315	0		118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H056	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:09 pm			
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00			
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:				142.00			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46260		143.00			
						1.00			
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00	
						1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00	
						1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N			155.00	
156.00	Subprovider - IPF	N	N	N	N			156.00	
157.00	Subprovider - IRF	N	N	N	N			157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N			159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00	
161.00	CMHC		N	N	N			161.00	
						1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
						1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						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)						N	168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	
		Beginning					Ending		
		1.00					2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						10/01/2016	09/30/2017	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: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/27/2018 1:09 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/10/2018	Y	10/10/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-2
Part II
Date/Time Prepared:
11/27/2018 1:09 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL		HILL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519		JILL.HILL1@ASCENSION.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/27/2018 1:09 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT 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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	294	107,310	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)		294	107,310	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	62	22,630	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	9	3,285	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		405	147,825	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		443				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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,948	797	42,881			1.00
2.00 HMO and other (see instructions)	7,483	13,618				2.00
3.00 HMO IPF Subprovider	290	497				3.00
4.00 HMO IRF Subprovider	545	726				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,948	797	42,881			7.00
8.00 INTENSIVE CARE UNIT	8,576	5	12,171			8.00
8.02 NICU	0	114	5,259			8.02
9.00 CORONARY CARE UNIT	874	0	1,240			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		1,664	2,656			13.00
14.00 Total (see instructions)	33,398	2,580	64,207	6.00	1,744.71	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	849	1,455	4,080	0.00	21.24	16.00
17.00 SUBPROVIDER - IRF	2,440	7	4,718	0.00	23.96	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.00	1,789.91	27.00
28.00 Observation Bed Days		0	7,367			28.00
29.00 Ambulance Trips	28					29.00
30.00 Employee discount days (see instruction)			1,143			30.00
31.00 Employee discount days - IRF			63			31.00
32.00 Labor & delivery days (see instructions)	0	61	1,395			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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2018 1:09 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	5,558	157	16,048	1.00
2.00 HMO and other (see instructions)				1,558	2,792		2.00
3.00 HMO IPF Subprovider					40		3.00
4.00 HMO IRF Subprovider					54		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.02 NICU							8.02
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	5,558	157		16,048	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	98		116	615	16.00
17.00 SUBPROVIDER - IRF	0.00	0	195		1	372	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2018 1:09 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	125,762,028	0	125,762,028	4,045,188.00	31.09
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,480,641	0	1,480,641	17,099.00	86.59
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	368,191	0	368,191	14,624.00	25.18
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		7,560,628	0	7,560,628	192,438.00	39.29
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		27,035,380	340,993	27,376,373	851,227.00	32.16
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		931,732	0	931,732	13,802.00	67.51
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		0	0	0	0.00	0.00
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		31,303,362	0	31,303,362	761,943.00	41.08
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)		35,002,299	0	35,002,299		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		9,920,348	0	9,920,348		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		151,576	0	151,576		
25.50	Home office wage-related (core)		12,468,929	0	12,468,929		
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	211,621	0	211,621	8,707.00	24.30
27.00	Administrative & General	5.00	14,803,458	-340,993	14,462,465	377,014.00	38.36

11/27/2018 1:09 pm Y:\27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2018 1:09 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.)		25,735,416	0	25,735,416	436,094.00	59.01	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	904,322	0	904,322	42,010.00	21.53	30.00
31.00	Laundry & Linen Service	8.00	637,960	0	637,960	46,549.00	13.71	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,426,274	0	3,426,274	171,177.00	20.02	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,918,423	0	2,918,423	128,163.00	22.77	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,765,095	0	1,765,095	42,774.00	41.27	38.00
39.00	Central Services and Supply	14.00	1,401,402	0	1,401,402	71,439.00	19.62	39.00
40.00	Pharmacy	15.00	4,204,201	0	4,204,201	104,464.00	40.25	40.00
41.00	Medical Records & Medical Records Library	16.00	509,519	0	509,519	17,287.00	29.47	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2018 1:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	148,432,681	0	148,432,681	4,556,461.00	32.58	1.00
2.00	Excluded area salaries (see instructions)	27,035,380	340,993	27,376,373	851,227.00	32.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	121,397,301	-340,993	121,056,308	3,705,234.00	32.67	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,235,094	0	32,235,094	775,745.00	41.55	4.00
5.00	Subtotal wage-related costs (see inst.)	47,471,228	0	47,471,228	0.00	39.21	5.00
6.00	Total (sum of lines 3 thru 5)	201,103,623	-340,993	200,762,630	4,480,979.00	44.80	6.00
7.00	Total overhead cost (see instructions)	56,517,691	-340,993	56,176,698	1,445,678.00	38.86	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2018 1:09 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,506,098	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)		2,346,916	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		48,849	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		1,149,232	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)		19,650,934	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		4,545,163	9.00
10.00	Dental, Hearing and Vision Plan		1,157,048	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		243,161	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		9,011	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		873,462	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		397,091	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		7,642,616	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		40,307	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		464,335	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		45,074,223	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: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/27/2018 1:09 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		931,732	45,074,223 1.00
2.00	Hospital		931,732	35,002,299 2.00
3.00	Subprovider - IPF		0	445,119 3.00
4.00	Subprovider - IRF		0	497,565 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	9,129,240 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/27/2018 1:09 pm
---	-----------------------	---	---

			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)		0.209065	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		35,418,514	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		271,693,541	6.00	
7.00	Medicaid cost (line 1 times line 6)		56,801,610	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)		21,383,096	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		21,383,096	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)	36,056,026	7,807,262	43,863,288	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,538,053	7,807,262	15,345,315	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,538,053	7,807,262	15,345,315	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)		9,661,239	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		758,797	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,167,380	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		8,493,859	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,184,352	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		17,529,667	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		38,912,763	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		15,681,576	15,681,576	115,855	15,797,431	1.00
2.00	00200		9,366,592	9,366,592	0	9,366,592	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	211,621	41,051,389	41,263,010	-24,598	41,238,412	4.00
5.00	00500	14,803,458	106,135,519	120,938,977	-1,462,883	119,476,094	5.00
7.00	00700	904,322	9,649,925	10,554,247	0	10,554,247	7.00
8.00	00800	637,960	307,916	945,876	0	945,876	8.00
9.00	00900	0	4,447,483	4,447,483	0	4,447,483	9.00
10.00	01000	0	5,272,951	5,272,951	-3,350,837	1,922,114	10.00
11.00	01100	0	0	0	3,350,837	3,350,837	11.00
13.00	01300	1,765,095	241,310	2,006,405	0	2,006,405	13.00
14.00	01400	1,401,402	754,665	2,156,067	0	2,156,067	14.00
15.00	01500	4,204,201	183,794	4,387,995	0	4,387,995	15.00
16.00	01600	509,519	18,689	528,208	0	528,208	16.00
21.00	02100	368,191	81,106	449,297	0	449,297	21.00
23.00	02300	142,639	11,446	154,085	0	154,085	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,607,188	1,807,576	21,414,764	-908,504	20,506,260	30.00
31.00	03100	7,652,918	1,090,874	8,743,792	0	8,743,792	31.00
31.02	03102	3,040,561	257,181	3,297,742	0	3,297,742	31.02
32.00	03200	901,319	208,084	1,109,403	0	1,109,403	32.00
40.00	04000	1,268,690	931,164	2,199,854	0	2,199,854	40.00
41.00	04100	1,418,176	88,582	1,506,758	0	1,506,758	41.00
43.00	04300	0	0	0	908,504	908,504	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,569,670	50,288,910	56,858,580	0	56,858,580	50.00
51.00	05100	1,417,403	74,982	1,492,385	0	1,492,385	51.00
52.00	05200	2,142,784	175,534	2,318,318	0	2,318,318	52.00
53.00	05300	32,883	4,007,144	4,040,027	0	4,040,027	53.00
54.00	05400	4,761,554	1,453,460	6,215,014	0	6,215,014	54.00
54.02	05402	483,060	55,608	538,668	0	538,668	54.02
54.03	05403	626,429	1,264,135	1,890,564	0	1,890,564	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	898,383	228,166	1,126,549	0	1,126,549	57.00
58.00	05800	481,758	67,244	549,002	0	549,002	58.00
59.00	05900	1,119,662	811,707	1,931,369	0	1,931,369	59.00
60.00	06000	1,783,158	12,808,058	14,591,216	0	14,591,216	60.00
63.00	06300	10,524	1,646,945	1,657,469	0	1,657,469	63.00
64.00	06400	1,870,242	1,931,355	3,801,597	0	3,801,597	64.00
65.00	06500	2,784,835	517,613	3,302,448	0	3,302,448	65.00
66.00	06600	3,435,406	195,655	3,631,061	0	3,631,061	66.00
67.00	06700	1,435,272	2,993	1,438,265	0	1,438,265	67.00
68.00	06800	476,901	8,387	485,288	0	485,288	68.00
69.00	06900	919,340	259,154	1,178,494	0	1,178,494	69.00
69.02	06902	530,602	16,846	547,448	0	547,448	69.02
69.03	06903	171,043	404	171,447	0	171,447	69.03
70.00	07000	507,422	134,077	641,499	0	641,499	70.00
71.00	07100	0	7,634,488	7,634,488	0	7,634,488	71.00
72.00	07200	0	14,951,513	14,951,513	0	14,951,513	72.00
73.00	07300	0	21,540,369	21,540,369	0	21,540,369	73.00
74.00	07400	942,436	202,046	1,144,482	0	1,144,482	74.00
76.00	03951	133,431	20,081	153,512	0	153,512	76.00
76.01	03950	701,265	103,796	805,061	0	805,061	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	432,779	539,229	972,008	0	972,008	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	6,170,991	5,358,100	11,529,091	0	11,529,091	91.00
91.01	09101	1,040,433	794,173	1,834,606	0	1,834,606	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	2,353,330	831,733	3,185,063	0	3,185,063	95.00
97.00	09700	839,227	1,886,917	2,726,144	0	2,726,144	97.00
98.00	09850	10,858,623	7,010,424	17,869,047	1,371,626	19,240,673	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet A	
Date/Time Prepared: 11/27/2018 1:09 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	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,768,106	334,409,068	449,177,174	0	449,177,174
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,092,653	2,500,619	5,593,272	0	5,593,272
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	APOTHECARY	505,940	4,985,317	5,491,257	0	5,491,257
194.02	07952	OCCUPATIONAL MEDICINE	1,300,234	364,160	1,664,394	0	1,664,394
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	119,428	6,805	126,233	0	126,233
194.06	07956	MOB	43	383,631	383,674	0	383,674
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	1,245,578	1,245,578	0	1,245,578
194.09	07959	CONV CARE	5,736,473	1,285,418	7,021,891	0	7,021,891
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	0	0	0	0	0
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0
194.15	07965	FAMILY PRACTICE	0	0	0	0	0
194.17	07967	FOUNDATION/UNUSED SPACE	239,151	-207,524	31,627	0	31,627
200.00		TOTAL (SUM OF LINES 118 through 199)	125,762,028	344,973,072	470,735,100	0	470,735,100

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/27/2018 1:09 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	-5,053,152	10,744,279	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,366,592	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-17,048,194	24,190,218	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,742,491	110,733,603	5.00
7.00	00700	OPERATION OF PLANT	-1,058,683	9,495,564	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-187,128	758,748	8.00
9.00	00900	HOUSEKEEPING	-334,679	4,112,804	9.00
10.00	01000	DIETARY	0	1,922,114	10.00
11.00	01100	CAFETERIA	-1,958,196	1,392,641	11.00
13.00	01300	NURSING ADMINISTRATION	-39,212	1,967,193	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,156,067	14.00
15.00	01500	PHARMACY	-36,939	4,351,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10	528,198	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	449,297	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,471	160,556	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-43,895	20,462,365	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,743,792	31.00
31.02	03102	NICU	-1,248	3,296,494	31.02
32.00	03200	CORONARY CARE UNIT	0	1,109,403	32.00
40.00	04000	SUBPROVIDER - I PF	-9,684	2,190,170	40.00
41.00	04100	SUBPROVIDER - I RF	-2,400	1,504,358	41.00
43.00	04300	NURSERY	0	908,504	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-601,953	56,256,627	50.00
51.00	05100	RECOVERY ROOM	0	1,492,385	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-710	2,317,608	52.00
53.00	05300	ANESTHESIOLOGY	-3,986,292	53,735	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,014,257	5,200,757	54.00
54.02	05402	ULTRASOUND	-6,637	532,031	54.02
54.03	05403	NUCLEAR MEDICINE	-9,460	1,881,104	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-3,590	1,122,959	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	549,002	58.00
59.00	05900	CARDIAC CATHETERIZATION	-53,219	1,878,150	59.00
60.00	06000	LABORATORY	-576,654	14,014,562	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-2,420	1,655,049	63.00
64.00	06400	INTRAVENOUS THERAPY	-559,383	3,242,214	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,302,448	65.00
66.00	06600	PHYSICAL THERAPY	-75	3,630,986	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,438,265	67.00
68.00	06800	SPEECH PATHOLOGY	0	485,288	68.00
69.00	06900	ELECTROCARDIOLOGY	-91,420	1,087,074	69.00
69.02	06902	CARDIAC REHAB	-1,532	545,916	69.02
69.03	06903	DIABETIC EDUCATION	0	171,447	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-27,600	613,899	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,634,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,951,513	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,540,369	73.00
74.00	07400	RENAL DIALYSIS	-359,398	785,084	74.00
76.00	03951	ECT	0	153,512	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-143,409	661,652	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	972,008	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARITRICS	0	0	90.04
91.00	09100	EMERGENCY	-4,476,925	7,052,166	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	1,834,606	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-9,211	3,175,852	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	2,726,144	97.00
98.00	09850	HOME OFFICE	-19,240,673	0	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	106.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-65,674,258	383,502,916	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	5,593,272	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 APOTHECARY	0	5,491,257	194.01
194.02	07952 OCCUPATIONAL MEDICINE	7,573	1,671,967	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954 MARKETING	2,047,478	2,173,711	194.04
194.06	07956 MOB	0	383,674	194.06
194.07	07957 SENIOR PARTNERS	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	1,245,578	194.08
194.09	07959 CONV CARE	52,278	7,074,169	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	31,627	194.17
200.00	TOTAL (SUM OF LINES 118 through 199)	-63,566,929	407,168,171	200.00

RECLASSIFICATIONS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/27/2018 1:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
B - CAFETERIA					
1.00	CAFETERIA	11.00	0	3,350,837	1.00
	TOTALS		0	3,350,837	
C - NURSERY					
1.00	NURSERY	43.00	845,739	62,765	1.00
	TOTALS		845,739	62,765	
D - RECLASS HOME OFFICE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	115,855	1.00
2.00	HOME OFFICE	98.00	0	24,598	2.00
3.00	HOME OFFICE	98.00	340,993	1,121,890	3.00
	TOTALS		340,993	1,262,343	
500.00	Grand Total: Increases		1,186,732	4,675,945	500.00

RECLASSIFICATIONS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/27/2018 1:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - CAFETERIA							
1.00	DIETARY	10.00	0	3,350,837	0		1.00
	TOTALS		0	3,350,837			
C - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	845,739	62,765	0		1.00
	TOTALS		845,739	62,765			
D - RECLASS HOME OFFICE EXPENSE							
1.00	HOME OFFICE	98.00	0	115,855	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,598	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	340,993	1,121,890	0		3.00
	TOTALS		340,993	1,262,343			
500.00	Grand Total: Decreases		1,186,732	4,675,945			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
11/27/2018 1:09 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	7,736,792	0	0	0	0	1.00
2.00	Land Improvements	8,512,928	75	0	75	0	2.00
3.00	Buildings and Fixtures	184,738,658	15,868,645	0	15,868,645	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	141,144,796	8,239,005	0	8,239,005	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	342,133,174	24,107,725	0	24,107,725	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	342,133,174	24,107,725	0	24,107,725	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0				1.00
2.00	Land Improvements	8,513,003	0				2.00
3.00	Buildings and Fixtures	200,607,303	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	149,383,801	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	366,240,899	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	366,240,899	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet A-7 Part II Date/Time Prepared: 11/27/2018 1:09 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	5,233,266	5,267,403	4,685,880	549,370	-54,343	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,098,714	2,168,133	0	56,130	0	2.00
3.00	Total (sum of lines 1-2)	12,331,980	7,435,536	4,685,880	605,500	-54,343	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	15,681,576				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	43,615	9,366,592				2.00
3.00	Total (sum of lines 1-2)	43,615	25,048,168				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
11/27/2018 1:09 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	216,857,098	0	216,857,098	0.592116	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	149,383,800	0	149,383,800	0.407884	0	2.00
3.00	Total (sum of lines 1-2)	366,240,898	0	366,240,898	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	5,233,266	5,383,258	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,098,714	2,168,133	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,331,980	7,551,391	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	-367,272	549,370	-54,343	0	10,744,279	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	56,130	0	43,615	9,366,592	2.00
3.00	Total (sum of lines 1-2)	-367,272	605,500	-54,343	43,615	20,110,871	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/27/2018 1:09 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-4,685,880	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)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,715,273			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	-8,571,282			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,696,926	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	-36,939	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-10	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME - OTHER A&G	B	-93,077	ADMINISTRATIVE & GENERAL	5.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	MISC INCOME - PLANT	B	-1,253	OPERATION OF PLANT	7.00	0 33.01
33.02	MISC INCOME - LAUNDRY	B	-187,128	LAUNDRY & LINEN SERVICE	8.00	0 33.02
33.03	MISC INCOME - HOUSEKEEPING	B	-937	HOUSEKEEPING	9.00	0 33.03
33.04	MISC INCOME - NURSING ADMIN	B	-39,212	NURSING ADMINISTRATION	13.00	0 33.04
33.05	MISC INCOME - ADULTS & PEDS	B	-43,895	ADULTS & PEDIATRICS	30.00	0 33.05
33.06	MISC INCOME - NICU	B	-1,248	NICU	31.02	0 33.06
33.07	MISC INCOME - IPF	B	-9,684	SUBPROVIDER - IPF	40.00	0 33.07
33.08	MISC INCOME - L&D	B	-710	DELIVERY ROOM & LABOR ROOM	52.00	0 33.08
33.09	MISC INCOME - RADIOLOGY	B	-9,292	RADIOLOGY-DIAGNOSTIC	54.00	0 33.09
33.10	MISC INCOME - ULTRASOUND	B	-6,637	ULTRASOUND	54.02	0 33.10
33.11	MISC INCOME - LAB	B	-235,682	LABORATORY	60.00	0 33.11
33.12	MISC INCOME - PT	B	-75	PHYSICAL THERAPY	66.00	0 33.12
33.13	MISC INCOME - CARDIAC REHAB	B	-1,532	CARDIAC REHAB	69.02	0 33.13
33.14	MISC INCOME - RENAL	B	-359,398	RENAL DIALYSIS	74.00	0 33.14
33.15	MISC INCOME - MOBILE CLINIC	B	-38,080	MOBILE OUTREACH CLINIC	76.01	0 33.15
33.17	MISC INCOME - ER	B	-40,500	EMERGENCY	91.00	0 33.17
33.18	MISC INCOME - AMBULANCE	B	-9,211	AMBULANCE SERVICES	95.00	0 33.18
33.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.20
33.21	ADVERTISING - OTHER A&G	A	-499,150	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.23
33.25	PHARM RESIDENCY STARTUP AMORTIZATION	A	6,471	PARAMED ED PRGM-(SPECIFY)	23.00	0 33.25
33.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.35
33.36	VARIOUS N/A EXP- A&G	A	-346,418	ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.66	PROVIDER ASSESSMENT	A	-19,721,753	ADMINISTRATIVE & GENERAL	5.00	0 33.66
33.67	PROFESSIONAL LIABILITY	A	-369,267	ADMINISTRATIVE & GENERAL	5.00	0 33.67
33.68	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.68
33.70	PATIENT PHONES	A	-356	ADMINISTRATIVE & GENERAL	5.00	0 33.70
33.71	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.71
33.77	SELF-INSURANCE	A	-14,852,595	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.77
33.78	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.78
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-63,566,929			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0100

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-1

Date/Time Prepared: 11/27/2018 1:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT SVH	4,213,531	3,865,471	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL SVH	53,728,026	49,289,814	2.00
3.00	194.02	OCCUPATIONAL MEDICINE SVH	91,675	84,102	3.00
4.00	194.09	CONV CARE SVH	632,862	580,584	4.00
4.01	194.04	MARKETING SVH	2,047,478	0	4.01
4.02	0.00		0	0	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	0	367,272	4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	2,170,823	4.04
4.05	7.00	OPERATION OF PLANT	0	1,057,430	4.05
4.06	9.00	HOUSEKEEPING	0	333,742	4.06
4.07	11.00	CAFETERIA	0	261,270	4.07
4.08	98.00	HOME OFFICE	0	19,240,673	4.08
4.09	0.00		0	0	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL SVH	7,966,327	0	4.10
4.11	0.00		0	0	4.11
4.12	1.00	CAP REL COSTS-BLDG & FIXT ASCENSION INTEREST	4,685,880	4,685,880	4.12
4.13	0.00		0	0	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL SVH CHARGEBACKS	37,895,070	37,895,070	4.14
4.15	16.00	MEDICAL RECORDS & LIBRARY SVH CHARGEBACKS	6,993	6,993	4.15
4.16	32.00	CORONARY CARE UNIT SVH CHARGEBACKS	275	275	4.16
4.18	0.00		0	0	4.18
4.19	0.00		0	0	4.19
4.20	0.00		0	0	4.20
4.21	0.00		0	0	4.21
4.22	0.00		0	0	4.22
5.00	0	0	111,268,117	119,839,399	5.00

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

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

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

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

6.00	B	0.00	ST VINCENT HLTH	100.00	6.00
7.00	B	0.00	ASCENSION	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/27/2018 1:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	348,060	0	1.00
2.00	4,438,212	0	2.00
3.00	7,573	0	3.00
4.00	52,278	0	4.00
4.01	2,047,478	0	4.01
4.02	0	0	4.02
4.03	-367,272	11	4.03
4.04	-2,170,823	0	4.04
4.05	-1,057,430	0	4.05
4.06	-333,742	0	4.06
4.07	-261,270	0	4.07
4.08	-19,240,673	0	4.08
4.09	0	0	4.09
4.10	7,966,327	0	4.10
4.11	0	0	4.11
4.12	0	11	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
5.00	-8,571,282		5.00

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

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

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

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

6.00	HOME OFFICE	6.00
7.00	HOME OFFICE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0100

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-2

Date/Time Prepared: 11/27/2018 1:09 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	117,009	117,009	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	2,400	2,400	0	0	4.00
5.00	50.00	OPERATING ROOM	601,953	601,953	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,986,292	3,986,292	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,004,965	1,004,965	0	0	8.00
9.00	54.03	NUCLEAR MEDICINE	9,460	9,460	0	0	9.00
10.00	57.00	CT SCAN	3,590	3,590	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	53,219	53,219	0	0	11.00
12.00	60.00	LABORATORY	340,972	340,972	0	0	12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	2,420	2,420	0	0	13.00
14.00	64.00	INTRAVENOUS THERAPY	559,383	559,383	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	91,420	91,420	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	27,600	27,600	0	0	16.00
17.00	76.01	MOBILE OUTREACH CLINIC	105,329	105,329	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	18.00
19.00	90.01	OUTPATIENT PSYCH	0	0	0	0	19.00
20.00	90.04	BARIATRICS	0	0	0	0	20.00
21.00	91.00	EMERGENCY	4,436,425	4,436,425	0	0	21.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	372,836	372,836	0	0	23.00
200.00			11,715,273	11,715,273	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	8.00
9.00	54.03	NUCLEAR MEDICINE	0	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	13.00
14.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	16.00
17.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	18.00
19.00	90.01	OUTPATIENT PSYCH	0	0	0	0	19.00
20.00	90.04	BARIATRICS	0	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	21.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	23.00
200.00			0	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	117,009	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	2,400	4.00
5.00	50.00	OPERATING ROOM	0	0	601,953	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	3,986,292	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,004,965	8.00
9.00	54.03	NUCLEAR MEDICINE	0	0	9,460	9.00
10.00	57.00	CT SCAN	0	0	3,590	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	53,219	11.00
12.00	60.00	LABORATORY	0	0	340,972	12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	2,420	13.00
14.00	64.00	INTRAVENOUS THERAPY	0	0	559,383	14.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/27/2018 1:09 pm

	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		
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	91,420		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	27,600		16.00
17.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	105,329		17.00
18.00	90.00	CLINIC	0	0	0	0		18.00
19.00	90.01	OUTPATIENT PSYCH	0	0	0	0		19.00
20.00	90.04	BARIATRICS	0	0	0	0		20.00
21.00	91.00	EMERGENCY	0	0	0	4,436,425		21.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	372,836		23.00
200.00			0	0	0	11,715,273		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:09 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	10,744,279	10,744,279			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,366,592		9,366,592		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	24,190,218	8,522	0	24,198,740	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	110,733,603	863,882	1,168,896	3,060,518	115,826,899
7.00 00700	OPERATION OF PLANT	9,495,564	983,536	1,102,678	191,371	11,773,149
8.00 00800	LAUNDRY & LINEN SERVICE	758,748	94,262	23,840	135,004	1,011,854
9.00 00900	HOUSEKEEPING	4,112,804	209,551	2,076	0	4,324,431
10.00 01000	DIETARY	1,922,114	274,605	146,594	0	2,343,313
11.00 01100	CAFETERIA	1,392,641	0	0	0	1,392,641
13.00 01300	NURSING ADMINISTRATION	1,967,193	406,193	47,016	373,526	2,793,928
14.00 01400	CENTRAL SERVICES & SUPPLY	2,156,067	195,610	122,948	296,562	2,771,187
15.00 01500	PHARMACY	4,351,056	68,794	215,988	889,685	5,525,523
16.00 01600	MEDICAL RECORDS & LIBRARY	528,198	65,931	0	107,823	701,952
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	449,297	0	520	77,916	527,733
23.00 02300	PARAMED PRGM-(SPECIFY)	160,556	0	0	30,185	190,741
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,462,365	1,899,201	136,029	3,970,312	26,467,907
31.00 03100	INTENSIVE CARE UNIT	8,743,792	464,895	129,132	1,619,495	10,957,314
31.02 03102	NICU	3,296,494	139,233	116,169	643,437	4,195,333
32.00 03200	CORONARY CARE UNIT	1,109,403	61,906	73,695	190,735	1,435,739
40.00 04000	SUBPROVIDER - I PF	2,190,170	126,926	13,961	268,478	2,599,535
41.00 04100	SUBPROVIDER - I RF	1,504,358	387,338	41,077	300,112	2,232,885
43.00 04300	NURSERY	908,504	0	0	178,974	1,087,478
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	56,256,627	481,677	1,825,071	1,390,260	59,953,635
51.00 05100	RECOVERY ROOM	1,492,385	102,752	17,165	299,948	1,912,250
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,317,608	265,468	49,396	453,452	3,085,924
53.00 05300	ANESTHESIOLOGY	53,735	0	33,204	6,959	93,898
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,200,757	236,303	1,352,478	1,007,631	7,797,169
54.02 05402	ULTRASOUND	532,031	20,511	3,783	102,224	658,549
54.03 05403	NUCLEAR MEDICINE	1,881,104	77,261	8,241	132,564	2,099,170
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	1,122,959	56,915	237,069	190,114	1,607,057
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	549,002	70,636	139,406	101,949	860,993
59.00 05900	CARDIAC CATHETERIZATION	1,878,150	140,692	597,488	236,941	2,853,271
60.00 06000	LABORATORY	14,014,562	157,989	51,231	377,348	14,601,130
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,655,049	6,800	277	2,227	1,664,353
64.00 06400	INTRAVENOUS THERAPY	3,242,214	119,270	292,934	395,774	4,050,195
65.00 06500	RESPIRATORY THERAPY	3,302,448	31,589	48,326	589,321	3,971,684
66.00 06600	PHYSICAL THERAPY	3,630,986	64,977	15,618	726,994	4,438,575
67.00 06700	OCCUPATIONAL THERAPY	1,438,265	0	0	303,729	1,741,994
68.00 06800	SPEECH PATHOLOGY	485,288	0	11,759	100,921	597,968
69.00 06900	ELECTROCARDIOLOGY	1,087,074	50,213	178,958	194,549	1,510,794
69.02 06902	CARDIAC REHAB	545,916	84,237	0	112,285	742,438
69.03 06903	DIABETIC EDUCATION	171,447	50,828	802	36,196	259,273
70.00 07000	ELECTROENCEPHALOGRAPHY	613,899	78,589	32,585	107,380	832,453
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,634,488	0	0	0	7,634,488
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,951,513	0	0	0	14,951,513
73.00 07300	DRUGS CHARGED TO PATIENTS	21,540,369	0	0	0	21,540,369
74.00 07400	RENAL DIALYSIS	785,084	3,214	47,141	199,436	1,034,875
76.00 03951	ECT	153,512	0	0	28,236	181,748
76.01 03950	MOBILE OUTREACH CLINIC	661,652	0	218,283	148,400	1,028,335
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	972,008	11,210	1,809	91,584	1,076,611
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02 09002	PEDS CLINIC	0	0	0	0	0
90.04 09004	BARITRICS	0	0	0	0	0
91.00 09100	EMERGENCY	7,052,166	263,834	229,127	1,305,893	8,851,020
91.01 09101	DIAGNOSTIC TREATMENT CENTER	1,834,606	129,548	110,343	220,174	2,294,671
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,175,852	0	252,969	498,007	3,926,828
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	2,726,144	0	1,382	177,596	2,905,122
98.00 09850	HOME OFFICE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:09 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	
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	383,502,916	8,754,898	9,097,464	21,872,228	378,917,895	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,593,272	285,847	43,580	654,461	6,577,160	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	193,812	0	0	193,812	194.00
194.01 07951 APOTHECARY	5,491,257	1,996	0	107,066	5,600,319	194.01
194.02 07952 OCCUPATIONAL MEDICINE	1,671,967	433,394	0	275,153	2,380,514	194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	2,173,711	0	0	25,273	2,198,984	194.04
194.06 07956 MOB	383,674	0	0	9	383,683	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	1,245,578	9,992	0	0	1,255,570	194.08
194.09 07959 CONV CARE	7,074,169	0	225,548	1,213,941	8,513,658	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	12,032	0	0	12,032	194.11
194.14 07964 FREE STANDING CATH LAB	0	11,363	0	0	11,363	194.14
194.15 07965 FAMILY PRACTICE	0	32,774	0	0	32,774	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	31,627	1,008,171	0	50,609	1,090,407	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	407,168,171	10,744,279	9,366,592	24,198,740	407,168,171	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/27/2018 1:09 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	115,826,899				5.00
7.00	00700	OPERATION OF PLANT	4,680,580	16,453,729			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	402,277	126,966	1,541,097		8.00
9.00	00900	HOUSEKEEPING	1,719,238	282,254	0	6,325,923	9.00
10.00	01000	DIETARY	931,617	373,808	0	147,382	3,796,120
11.00	01100	CAFETERIA	553,664	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,110,765	547,120	0	215,715	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,101,724	263,477	0	103,882	0
15.00	01500	PHARMACY	2,196,749	92,662	0	36,534	0
16.00	01600	MEDICAL RECORDS & LIBRARY	279,071	88,806	0	35,014	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	209,808	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	75,832	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,522,687	2,558,118	587,524	1,008,597	2,609,259
31.00	03100	INTENSIVE CARE UNIT	4,356,234	626,189	148,499	246,890	508,244
31.02	03102	NICU	1,667,913	187,539	42,686	73,942	0
32.00	03200	CORONARY CARE UNIT	570,798	83,384	38,618	32,876	47,768
40.00	04000	SUBPROVIDER - I PF	1,033,482	170,963	0	67,406	238,608
41.00	04100	SUBPROVIDER - I RF	887,715	521,723	71,341	205,702	283,780
43.00	04300	NURSERY	432,342	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,835,501	691,726	175,549	272,729	1,236
51.00	05100	RECOVERY ROOM	760,242	313,146	49,911	123,465	1,448
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,226,852	357,571	50,315	140,981	45,878
53.00	05300	ANESTHESIOLOGY	37,330	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,099,874	762,921	27,582	300,799	21,261
54.02	05402	ULTRASOUND	261,815	60,898	0	24,010	0
54.03	05403	NUCLEAR MEDICINE	834,554	563,371	2,850	222,122	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	638,908	152,629	26,729	60,177	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	342,300	168,274	7,659	66,346	0
59.00	05900	CARDIAC CATHETERIZATION	1,134,358	360,762	20,409	142,239	0
60.00	06000	LABORATORY	5,804,884	667,467	0	263,165	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	661,687	9,160	0	3,611	0
64.00	06400	INTRAVENOUS THERAPY	1,610,212	304,651	0	120,116	35,742
65.00	06500	RESPIRATORY THERAPY	1,578,999	42,549	0	16,776	0
66.00	06600	PHYSICAL THERAPY	1,764,618	260,581	5,409	102,740	0
67.00	06700	OCCUPATIONAL THERAPY	692,554	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	237,731	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	600,637	181,866	9,963	71,705	0
69.02	06902	CARDIAC REHAB	295,167	439,566	9,793	173,309	0
69.03	06903	DIABETIC EDUCATION	103,078	68,462	0	26,993	0
70.00	07000	ELECTROENCEPHALOGRAPHY	330,953	105,855	6,438	41,736	2,631
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,035,198	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,944,183	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,563,675	0	0	0	0
74.00	07400	RENAL DIALYSIS	411,429	4,329	2,458	1,707	0
76.00	03951	ECT	72,256	0	0	0	0
76.01	03950	MOBILE OUTREACH CLINIC	408,829	60,735	0	23,946	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	428,022	15,099	14,106	5,953	0
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARIATRICS	0	0	0	0	0
91.00	09100	EMERGENCY	3,518,847	355,370	201,634	140,113	177
91.01	09101	DIAGNOSTIC TREATMENT CENTER	912,279	174,494	41,624	68,798	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,561,165	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,154,972	114,719	0	45,231	0
98.00	09850	HOME OFFICE	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,595,605	12,159,210	1,541,097	4,632,707	3,796,032

11/27/2018 1:09 pm Y:\27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,614,842	385,021	0	151,804	88
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	77,053	261,054	0	102,927	0
194.01	07951	APOTHECARY	2,226,485	45,237	0	17,836	0
194.02	07952	OCCUPATIONAL MEDICINE	946,407	739,741	0	291,660	0
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	874,237	0	0	0	0
194.06	07956	MOB	152,539	181,024	0	71,373	0
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	499,169	13,459	0	5,307	0
194.09	07959	CONV CARE	3,384,724	503,773	0	198,624	0
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	4,783	16,207	0	6,390	0
194.14	07964	FREE STANDING CATH LAB	4,518	15,306	0	6,035	0
194.15	07965	FAMILY PRACTICE	13,030	123,051	0	48,516	0
194.17	07967	FOUNDATION/UNUSED SPACE	433,507	2,010,646	0	792,744	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	115,826,899	16,453,729	1,541,097	6,325,923	3,796,120

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/27/2018 1:09 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	1,946,305					11.00
13.00	01300	NURSING ADMINISTRATION	25,626	4,693,154				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,799	0	4,283,069			14.00
15.00	01500	PHARMACY	62,584	0	0	7,914,052		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,357	0	0	0	1,115,200	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,761	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,967	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	404,593	1,522,181	0	0	39,852	30.00
31.00	03100	INTENSIVE CARE UNIT	161,315	596,213	0	0	15,870	31.00
31.02	03102	NICU	52,259	233,457	0	0	5,757	31.02
32.00	03200	CORONARY CARE UNIT	17,872	104,158	0	0	2,058	32.00
40.00	04000	SUBPROVIDER - I PF	26,470	0	0	0	4,573	40.00
41.00	04100	SUBPROVIDER - I RF	29,852	233,457	0	0	3,196	41.00
43.00	04300	NURSERY	18,239	0	0	0	962	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	126,099	160,502	0	0	237,773	50.00
51.00	05100	RECOVERY ROOM	22,608	185,867	0	0	20,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,772	233,457	0	0	9,716	52.00
53.00	05300	ANESTHESIOLOGY	1,087	0	0	0	13,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,205	0	0	0	44,471	54.00
54.02	05402	ULTRASOUND	8,577	0	0	0	10,799	54.02
54.03	05403	NUCLEAR MEDICINE	11,353	0	0	0	21,957	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	15,720	0	0	0	36,010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,044	0	0	0	13,128	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,161	119,647	0	0	63,561	59.00
60.00	06000	LABORATORY	52,464	0	0	0	82,571	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	164	0	0	0	5,167	63.00
64.00	06400	INTRAVENOUS THERAPY	31,956	114,933	0	0	13,975	64.00
65.00	06500	RESPIRATORY THERAPY	51,691	0	0	0	9,980	65.00
66.00	06600	PHYSICAL THERAPY	62,832	0	0	0	11,745	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,506	0	0	0	7,242	67.00
68.00	06800	SPEECH PATHOLOGY	7,547	0	0	0	2,535	68.00
69.00	06900	ELECTROCARDIOLOGY	19,613	162,746	0	0	40,353	69.00
69.02	06902	CARDIAC REHAB	9,998	70,710	0	0	914	69.02
69.03	06903	DIABETIC EDUCATION	3,491	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	10,245	0	0	0	5,189	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,447,758	0	78,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,835,311	0	71,507	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,914,052	125,541	73.00
74.00	07400	RENAL DIALYSIS	15,434	115,382	0	0	2,840	74.00
76.00	03951	ECT	2,725	0	0	0	2,921	76.00
76.01	03950	MOBILE OUTREACH CLINIC	16,678	0	0	0	477	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	10,343	0	0	0	4,079	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	128,590	488,463	0	0	74,512	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	18,251	118,524	0	0	19,701	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	67,089	233,457	0	0	5,909	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	22,793	0	0	0	5,434	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,755,730	4,693,154	4,283,069	7,914,052	1,115,200	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	67,015	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	7,535	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	22,140	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	1,904	0	0	0	0	194.04
194.06	07956 MOB	1	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959 CONV CARE	86,169	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	5,811	0	0	0	0	194.17
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)	1,946,305	4,693,154	4,283,069	7,914,052	1,115,200	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	746,302					21.00
23.00 02300 PARAMED PRGM-(SPECIFY)		269,540				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	746,302	0	46,467,020	-746,302	45,720,718	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	17,616,768	0	17,616,768	31.00
31.02 03102 NICU	0	0	6,458,886	0	6,458,886	31.02
32.00 03200 CORONARY CARE UNIT	0	0	2,333,271	0	2,333,271	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	4,141,037	0	4,141,037	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	4,469,651	0	4,469,651	41.00
43.00 04300 NURSERY	0	0	1,539,021	0	1,539,021	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	85,454,750	0	85,454,750	50.00
51.00 05100 RECOVERY ROOM	0	0	3,389,644	0	3,389,644	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	5,189,466	0	5,189,466	52.00
53.00 05300 ANESTHESIOLOGY	0	0	146,270	0	146,270	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	12,138,282	0	12,138,282	54.00
54.02 05402 ULTRASOUND	0	0	1,024,648	0	1,024,648	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	3,755,377	0	3,755,377	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	2,537,230	0	2,537,230	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,466,744	0	1,466,744	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	4,711,408	0	4,711,408	59.00
60.00 06000 LABORATORY	0	0	21,471,681	0	21,471,681	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,344,142	0	2,344,142	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	6,281,780	0	6,281,780	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	5,671,679	0	5,671,679	65.00
66.00 06600 PHYSICAL THERAPY	0	0	6,646,500	0	6,646,500	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	2,468,296	0	2,468,296	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	845,781	0	845,781	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,597,677	0	2,597,677	69.00
69.02 06902 CARDIAC REHAB	0	0	1,741,895	0	1,741,895	69.02
69.03 06903 DIABETIC EDUCATION	0	0	461,297	0	461,297	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,335,500	0	1,335,500	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,195,707	0	12,195,707	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	23,802,514	0	23,802,514	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	269,540	38,413,177	0	38,413,177	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,588,454	0	1,588,454	74.00
76.00 03951 ECT	0	0	259,650	0	259,650	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	1,539,000	0	1,539,000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	1,554,213	0	1,554,213	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	13,758,726	0	13,758,726	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	3,648,342	0	3,648,342	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	5,794,448	0	5,794,448	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	4,248,271	0	4,248,271	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	746,302	269,540	361,508,203	-746,302	360,761,901	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	9,795,930	0	9,795,930	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	634,846	0	634,846	194.00
194.01	07951	APOTHECARY	0	0	7,897,412	0	7,897,412	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	4,380,462	0	4,380,462	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	3,075,125	0	3,075,125	194.04
194.06	07956	MOB	0	0	788,620	0	788,620	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	1,773,505	0	1,773,505	194.08
194.09	07959	CONV CARE	0	0	12,686,948	0	12,686,948	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	39,412	0	39,412	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	37,222	0	37,222	194.14
194.15	07965	FAMILY PRACTICE	0	0	217,371	0	217,371	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	4,333,115	0	4,333,115	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	746,302	269,540	407,168,171	-746,302	406,421,869	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/27/2018 1:09 pm
-------------------------------------	--	-----------------------	---	---

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	8,522	0	8,522	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	863,882	1,168,896	2,032,778	5.00
7.00 00700	OPERATION OF PLANT	0	983,536	1,102,678	2,086,214	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	94,262	23,840	118,102	8.00
9.00 00900	HOUSEKEEPING	0	209,551	2,076	211,627	9.00
10.00 01000	DIETARY	0	274,605	146,594	421,199	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	406,193	47,016	453,209	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	195,610	122,948	318,558	14.00
15.00 01500	PHARMACY	0	68,794	215,988	284,782	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	65,931	0	65,931	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	520	520	21.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,899,201	136,029	2,035,230	30.00
31.00 03100	INTENSIVE CARE UNIT	0	464,895	129,132	594,027	31.00
31.02 03102	NICU	0	139,233	116,169	255,402	31.02
32.00 03200	CORONARY CARE UNIT	0	61,906	73,695	135,601	32.00
40.00 04000	SUBPROVIDER - IPF	0	126,926	13,961	140,887	40.00
41.00 04100	SUBPROVIDER - IRF	0	387,338	41,077	428,415	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	481,677	1,825,071	2,306,748	50.00
51.00 05100	RECOVERY ROOM	0	102,752	17,165	119,917	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	265,468	49,396	314,864	52.00
53.00 05300	ANESTHESIOLOGY	0	0	33,204	33,204	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	236,303	1,352,478	1,588,781	54.00
54.02 05402	ULTRASOUND	0	20,511	3,783	24,294	54.02
54.03 05403	NUCLEAR MEDICINE	0	77,261	8,241	85,502	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	56,915	237,069	293,984	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	70,636	139,406	210,042	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	140,692	597,488	738,180	59.00
60.00 06000	LABORATORY	0	157,989	51,231	209,220	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	6,800	277	7,077	63.00
64.00 06400	INTRAVENOUS THERAPY	0	119,270	292,934	412,204	64.00
65.00 06500	RESPIRATORY THERAPY	0	31,589	48,326	79,915	65.00
66.00 06600	PHYSICAL THERAPY	0	64,977	15,618	80,595	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	11,759	11,759	68.00
69.00 06900	ELECTROCARDIOLOGY	0	50,213	178,958	229,171	69.00
69.02 06902	CARDIAC REHAB	0	84,237	0	84,237	69.02
69.03 06903	DIABETIC EDUCATION	0	50,828	802	51,630	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	78,589	32,585	111,174	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	3,214	47,141	50,355	74.00
76.00 03951	ECT	0	0	0	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	218,283	218,283	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	11,210	1,809	13,019	90.00
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	263,834	229,127	492,961	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	129,548	110,343	239,891	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	252,969	252,969	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	1,382	1,382	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
101.00 10100 HOME HEALTH AGENCY	0	1.00	2.00	2A	4.00	0 101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		8,754,898	9,097,464	17,852,362	7,697 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	285,847	43,580	329,427	232	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	193,812	0	193,812	0	194.00
194.01 07951 APOTHECARY	0	1,996	0	1,996	38	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	433,394	0	433,394	98	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	0	0	0	0	9	194.04
194.06 07956 MOB	0	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	9,992	0	9,992	0	194.08
194.09 07959 CONV CARE	0	0	225,548	225,548	430	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	12,032	0	12,032	0	194.11
194.14 07964 FREE STANDING CATH LAB	0	11,363	0	11,363	0	194.14
194.15 07965 FAMILY PRACTICE	0	32,774	0	32,774	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	1,008,171	0	1,008,171	18	194.17
200.00	Cross Foot Adjustments		0	0	0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)		10,744,279	9,366,592	20,110,871	8,522 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/27/2018 1:09 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	2,033,863				5.00
7.00	00700	OPERATION OF PLANT	82,188	2,168,470			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,064	16,733	141,947		8.00
9.00	00900	HOUSEKEEPING	30,189	37,199	0	279,015	9.00
10.00	01000	DIETARY	16,359	49,265	0	6,501	493,324
11.00	01100	CAFETERIA	9,722	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	19,504	72,106	0	9,514	0
14.00	01400	CENTRAL SERVICES & SUPPLY	19,346	34,724	0	4,582	0
15.00	01500	PHARMACY	38,574	12,212	0	1,611	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,900	11,704	0	1,544	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,684	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,332	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	184,772	337,140	54,117	44,486	339,085
31.00	03100	INTENSIVE CARE UNIT	76,493	82,527	13,678	10,889	66,049
31.02	03102	NICU	29,288	24,716	3,932	3,261	0
32.00	03200	CORONARY CARE UNIT	10,023	10,989	3,557	1,450	6,208
40.00	04000	SUBPROVIDER - I PF	18,147	22,532	0	2,973	31,008
41.00	04100	SUBPROVIDER - I RF	15,588	68,759	6,571	9,073	36,879
43.00	04300	NURSERY	7,592	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	418,547	91,164	16,169	12,029	161
51.00	05100	RECOVERY ROOM	13,349	41,270	4,597	5,446	188
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,543	47,125	4,634	6,218	5,962
53.00	05300	ANESTHESIOLOGY	656	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,432	100,547	2,540	13,267	2,763
54.02	05402	ULTRASOUND	4,597	8,026	0	1,059	0
54.03	05403	NUCLEAR MEDICINE	14,654	74,248	263	9,797	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	11,219	20,115	2,462	2,654	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,011	22,177	705	2,926	0
59.00	05900	CARDIAC CATHETERIZATION	19,919	47,546	1,880	6,274	0
60.00	06000	LABORATORY	101,930	87,967	0	11,607	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	11,619	1,207	0	159	0
64.00	06400	INTRAVENOUS THERAPY	28,274	40,151	0	5,298	4,645
65.00	06500	RESPIRATORY THERAPY	27,726	5,608	0	740	0
66.00	06600	PHYSICAL THERAPY	30,986	34,342	498	4,532	0
67.00	06700	OCCUPATIONAL THERAPY	12,161	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	4,174	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	10,547	23,968	918	3,163	0
69.02	06902	CARDIAC REHAB	5,183	57,931	902	7,644	0
69.03	06903	DIABETIC EDUCATION	1,810	9,023	0	1,191	0
70.00	07000	ELECTROENCEPHALOGRAPHY	5,811	13,951	593	1,841	342
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,296	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	104,377	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	150,373	0	0	0	0
74.00	07400	RENAL DIALYSIS	7,224	570	226	75	0
76.00	03951	ECT	1,269	0	0	0	0
76.01	03950	MOBILE OUTREACH CLINIC	7,179	8,004	0	1,056	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,516	1,990	1,299	263	0
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARITRICS	0	0	0	0	0
91.00	09100	EMERGENCY	61,789	46,835	18,572	6,180	23
91.01	09101	DIAGNOSTIC TREATMENT CENTER	16,019	22,997	3,834	3,034	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	27,413	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	20,281	15,119	0	1,995	0
98.00	09850	HOME OFFICE	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,836,649	1,602,487	141,947	204,332	493,313

11/27/2018 1:09 pm Y:\27100 - St. Vincent Evansville\300 - Medicare Cost Report\20180630\CR\27100-18.mcrx

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0100			Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/27/2018 1:09 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,915	50,743	0	6,696	11	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,353	34,405	0	4,540	0	194.00
194.01	07951	APOTHECARY	39,096	5,962	0	787	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	16,618	97,492	0	12,864	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	15,351	0	0	0	0	194.04
194.06	07956	MOB	2,678	23,857	0	3,148	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	8,765	1,774	0	234	0	194.08
194.09	07959	CONV CARE	59,434	66,393	0	8,761	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	84	2,136	0	282	0	194.11
194.14	07964	FREE STANDING CATH LAB	79	2,017	0	266	0	194.14
194.15	07965	FAMILY PRACTICE	229	16,217	0	2,140	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	7,612	264,987	0	34,965	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,033,863	2,168,470	141,947	279,015	493,324	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/27/2018 1:09 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	9,722					11.00
13.00	01300	NURSING ADMINISTRATION	128	554,593				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	214	0	377,529			14.00
15.00	01500	PHARMACY	313	0	0	337,807		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52	0	0	0	84,169	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	44	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	15	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,018	179,875	0	0	3,023	30.00
31.00	03100	INTENSIVE CARE UNIT	806	70,455	0	0	1,204	31.00
31.02	03102	NICU	261	27,588	0	0	437	31.02
32.00	03200	CORONARY CARE UNIT	89	12,308	0	0	156	32.00
40.00	04000	SUBPROVIDER - I PF	132	0	0	0	347	40.00
41.00	04100	SUBPROVIDER - I RF	149	27,588	0	0	242	41.00
43.00	04300	NURSERY	91	0	0	0	73	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	630	18,967	0	0	17,618	50.00
51.00	05100	RECOVERY ROOM	113	21,964	0	0	1,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	194	27,588	0	0	737	52.00
53.00	05300	ANESTHESIOLOGY	5	0	0	0	1,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	421	0	0	0	3,373	54.00
54.02	05402	ULTRASOUND	43	0	0	0	819	54.02
54.03	05403	NUCLEAR MEDICINE	57	0	0	0	1,665	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	79	0	0	0	2,731	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40	0	0	0	996	58.00
59.00	05900	CARDIAC CATHETERIZATION	86	14,139	0	0	4,821	59.00
60.00	06000	LABORATORY	262	0	0	0	6,263	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	392	63.00
64.00	06400	INTRAVENOUS THERAPY	160	13,582	0	0	1,060	64.00
65.00	06500	RESPIRATORY THERAPY	258	0	0	0	757	65.00
66.00	06600	PHYSICAL THERAPY	314	0	0	0	891	66.00
67.00	06700	OCCUPATIONAL THERAPY	132	0	0	0	549	67.00
68.00	06800	SPEECH PATHOLOGY	38	0	0	0	192	68.00
69.00	06900	ELECTROCARDIOLOGY	98	19,232	0	0	3,061	69.00
69.02	06902	CARDIAC REHAB	50	8,356	0	0	69	69.02
69.03	06903	DIABETIC EDUCATION	17	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	51	0	0	0	394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	127,610	0	5,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	249,919	0	5,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	337,807	9,522	73.00
74.00	07400	RENAL DIALYSIS	77	13,635	0	0	215	74.00
76.00	03951	ECT	14	0	0	0	222	76.00
76.01	03950	MOBILE OUTREACH CLINIC	83	0	0	0	36	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	52	0	0	0	309	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	642	57,722	0	0	5,652	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91	14,006	0	0	1,494	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	335	27,588	0	0	448	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	114	0	0	0	412	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,769	554,593	377,529	337,807	84,169	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	335	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	38	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	111	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	10	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959 CONV CARE	430	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	29	0	0	0	0	194.17
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)	9,722	554,593	377,529	337,807	84,169	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	4,276				21.00
23.00 02300	PARAMED PRGM-(SPECIFY)		1,358			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		3,181,098	0	3,181,098	30.00
31.00 03100	INTENSIVE CARE UNIT		916,702	0	916,702	31.00
31.02 03102	NICU		345,113	0	345,113	31.02
32.00 03200	CORONARY CARE UNIT		180,449	0	180,449	32.00
40.00 04000	SUBPROVIDER - I PF		216,121	0	216,121	40.00
41.00 04100	SUBPROVIDER - I RF		593,370	0	593,370	41.00
43.00 04300	NURSERY		7,819	0	7,819	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		2,882,526	0	2,882,526	50.00
51.00 05100	RECOVERY ROOM		208,521	0	208,521	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		429,026	0	429,026	52.00
53.00 05300	ANESTHESIOLOGY		34,925	0	34,925	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,766,481	0	1,766,481	54.00
54.02 05402	ULTRASOUND		38,874	0	38,874	54.02
54.03 05403	NUCLEAR MEDICINE		186,233	0	186,233	54.03
56.00 05600	RADIOISOTOPE		0	0	0	56.00
57.00 05700	CT SCAN		333,311	0	333,311	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		242,933	0	242,933	58.00
59.00 05900	CARDIAC CATHETERIZATION		832,929	0	832,929	59.00
60.00 06000	LABORATORY		417,383	0	417,383	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		20,456	0	20,456	63.00
64.00 06400	INTRAVENOUS THERAPY		505,514	0	505,514	64.00
65.00 06500	RESPIRATORY THERAPY		115,213	0	115,213	65.00
66.00 06600	PHYSICAL THERAPY		152,416	0	152,416	66.00
67.00 06700	OCCUPATIONAL THERAPY		12,950	0	12,950	67.00
68.00 06800	SPEECH PATHOLOGY		16,199	0	16,199	68.00
69.00 06900	ELECTROCARDIOLOGY		290,227	0	290,227	69.00
69.02 06902	CARDIAC REHAB		164,412	0	164,412	69.02
69.03 06903	DIABETIC EDUCATION		63,684	0	63,684	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		134,195	0	134,195	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		186,842	0	186,842	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		359,720	0	359,720	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		497,702	0	497,702	73.00
74.00 07400	RENAL DIALYSIS		72,448	0	72,448	74.00
76.00 03951	ECT		1,515	0	1,515	76.00
76.01 03950	MOBILE OUTREACH CLINIC		234,694	0	234,694	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 09000	CLINIC		24,480	0	24,480	90.00
90.01 09001	OUTPATIENT PSYCH		0	0	0	90.01
90.02 09002	PEDS CLINIC		0	0	0	90.02
90.04 09004	BARITRICS		0	0	0	90.04
91.00 09100	EMERGENCY		690,839	0	690,839	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		301,444	0	301,444	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES		308,929	0	308,929	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		39,366	0	39,366	97.00
98.00 09850	HOME OFFICE		0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
99.00	09900	CMHC			0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION			0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	17,007,059	0	17,007,059	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			433,359	0	433,359	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			234,110	0	234,110	194.00
194.01	07951	APOTHECARY			47,917	0	47,917	194.01
194.02	07952	OCCUPATIONAL MEDICINE			560,577	0	560,577	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT			0	0	0	194.03
194.04	07954	MARKETING			15,370	0	15,370	194.04
194.06	07956	MOB			29,683	0	29,683	194.06
194.07	07957	SENIOR PARTNERS			0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT			20,765	0	20,765	194.08
194.09	07959	CONV CARE			360,996	0	360,996	194.09
194.10	07960	EMPLOYEE FITNESS CENTER			0	0	0	194.10
194.11	07961	ST ELIZABETH			14,534	0	14,534	194.11
194.14	07964	FREE STANDING CATH LAB			13,725	0	13,725	194.14
194.15	07965	FAMILY PRACTICE			51,360	0	51,360	194.15
194.17	07967	FOUNDATION/UNUSED SPACE			1,315,782	0	1,315,782	194.17
200.00		Cross Foot Adjustments	4,276	1,358	5,634	0	5,634	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,276	1,358	20,110,871	0	20,110,871	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	979,567				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,340,681			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	114,350,791		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	78,761	1,040,868	14,462,465	-115,826,899	5.00
7.00 00700	OPERATION OF PLANT	89,670	981,903	904,322	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	21,229	637,960	0	8.00
9.00 00900	HOUSEKEEPING	19,105	1,849	0	0	9.00
10.00 01000	DIETARY	25,036	130,538	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	41,866	1,765,095	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,834	109,482	1,401,402	0	14.00
15.00 01500	PHARMACY	6,272	192,331	4,204,201	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	0	509,519	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	463	368,191	0	21.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	142,639	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	173,152	121,130	18,761,449	0	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	114,988	7,652,918	0	31.00
31.02 03102	NICU	12,694	103,445	3,040,561	0	31.02
32.00 03200	CORONARY CARE UNIT	5,644	65,623	901,319	0	32.00
40.00 04000	SUBPROVIDER - I/PF	11,572	12,432	1,268,690	0	40.00
41.00 04100	SUBPROVIDER - I/RF	35,314	36,578	1,418,176	0	41.00
43.00 04300	NURSERY	0	0	845,739	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,915	1,625,172	6,569,670	0	50.00
51.00 05100	RECOVERY ROOM	9,368	15,285	1,417,403	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	43,986	2,142,784	0	52.00
53.00 05300	ANESTHESIOLOGY	0	29,567	32,883	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	1,204,343	4,761,554	0	54.00
54.02 05402	ULTRASOUND	1,870	3,369	483,060	0	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	7,338	626,429	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	211,103	898,383	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,440	124,137	481,758	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	532,046	1,119,662	0	59.00
60.00 06000	LABORATORY	14,404	45,620	1,783,158	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	247	10,524	0	63.00
64.00 06400	INTRAVENOUS THERAPY	10,874	260,849	1,870,242	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,880	43,033	2,784,835	0	65.00
66.00 06600	PHYSICAL THERAPY	5,924	13,907	3,435,406	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,435,272	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	10,471	476,901	0	68.00
69.00 06900	ELECTROCARDIOLOGY	4,578	159,357	919,340	0	69.00
69.02 06902	CARDIAC REHAB	7,680	0	530,602	0	69.02
69.03 06903	DIABETIC EDUCATION	4,634	714	171,043	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	29,016	507,422	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	293	41,978	942,436	0	74.00
76.00 03951	ECT	0	0	133,431	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	194,375	701,265	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,022	1,611	432,779	0	90.00
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	24,054	204,031	6,170,991	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	98,257	1,040,433	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	225,262	2,353,330	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	1,231	839,227	0	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	798,193	8,101,030	103,356,869	-115,826,899	263,090,996	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,061	38,807	3,092,653	0	6,577,160	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	0	0	193,812	194.00
194.01	07951	APOTHECARY	182	0	505,940	0	5,600,319	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	1,300,234	0	2,380,514	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	119,428	0	2,198,984	194.04
194.06	07956	MOB	0	0	43	0	383,683	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	0	0	1,255,570	194.08
194.09	07959	CONV CARE	0	200,844	5,736,473	0	8,513,658	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	12,032	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	11,363	194.14
194.15	07965	FAMILY PRACTICE	2,988	0	0	0	32,774	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	91,916	0	239,151	0	1,090,407	194.17
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)	10,744,279	9,366,592	24,198,740		115,826,899	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.968396	1.123001	0.211618		0.397564	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,522		2,033,863	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000075		0.006981	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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		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	1,113,707				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	3,773,843			8.00
9.00	00900	HOUSEKEEPING	19,105	0	1,086,008		9.00
10.00	01000	DIETARY	25,302	0	25,302	214,968	10.00
11.00	01100	CAFETERIA	0	0	0	3,248,732	11.00
13.00	01300	NURSING ADMINISTRATION	37,033	0	37,033	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	0	17,834	0	14.00
15.00	01500	PHARMACY	6,272	0	6,272	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	6,011	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	4,952	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	173,152	1,438,734	173,152	147,758	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	363,645	42,385	28,781	31.00
31.02	03102	NICU	12,694	104,530	12,694	0	31.02
32.00	03200	CORONARY CARE UNIT	5,644	94,567	5,644	2,705	32.00
40.00	04000	SUBPROVIDER - I PF	11,572	0	11,572	13,512	40.00
41.00	04100	SUBPROVIDER - I RF	35,314	174,700	35,314	16,070	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,821	429,884	46,821	70	50.00
51.00	05100	RECOVERY ROOM	21,196	122,221	21,196	82	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	123,212	24,203	2,598	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,640	67,543	51,640	1,204	54.00
54.02	05402	ULTRASOUND	4,122	0	4,122	0	54.02
54.03	05403	NUCLEAR MEDICINE	38,133	6,980	38,133	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	10,331	65,454	10,331	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,390	18,756	11,390	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,419	49,977	24,419	0	59.00
60.00	06000	LABORATORY	45,179	0	45,179	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	63.00
64.00	06400	INTRAVENOUS THERAPY	20,621	0	20,621	2,024	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	0	2,880	0	65.00
66.00	06600	PHYSICAL THERAPY	17,638	13,245	17,638	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,310	24,398	12,310	0	69.00
69.02	06902	CARDIAC REHAB	29,753	23,980	29,753	0	69.02
69.03	06903	DIABETIC EDUCATION	4,634	0	4,634	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	15,765	7,165	149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	6,019	293	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	4,111	0	4,111	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,022	34,543	1,022	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	493,762	24,054	10	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	101,928	11,811	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	111,983	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	7,765	0	7,765	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	823,023	3,773,843	795,324	2,930,629	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,061	0	26,061	5	111,860
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	17,670	0	0
194.01	07951	APOTHECARY	3,062	0	3,062	0	12,577
194.02	07952	OCCUPATIONAL MEDICINE	50,071	0	50,071	0	36,956
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	0	0	0	0	3,178
194.06	07956	MOB	12,253	0	12,253	0	2
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	0
194.09	07959	CONV CARE	34,099	0	34,099	0	143,831
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	0
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	0
194.15	07965	FAMILY PRACTICE	8,329	0	8,329	0	0
194.17	07967	FOUNDATION/UNUSED SPACE	136,095	0	136,095	0	9,699
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)	16,453,729	1,541,097	6,325,923	3,796,120	1,946,305
203.00		Unit cost multiplier (Wkst. B, Part I)	14.773840	0.408363	5.824932	17.659000	0.599097
204.00		Cost to be allocated (per Wkst. B, Part II)	2,168,470	141,947	279,015	493,324	9,722
205.00		Unit cost multiplier (Wkst. B, Part II)	1.947074	0.037613	0.256918	2.294872	0.002993
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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 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	41,814					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	22,586,001				14.00
15.00 01500 PHARMACY	0	0	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,725,596,307		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	13,562	0	0	61,689,846	100	30.00
31.00 03100 INTENSIVE CARE UNIT	5,312	0	0	24,566,336	0	31.00
31.02 03102 NICU	2,080	0	0	8,911,893	0	31.02
32.00 03200 CORONARY CARE UNIT	928	0	0	3,185,909	0	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	7,078,862	0	40.00
41.00 04100 SUBPROVIDER - I/RF	2,080	0	0	4,947,003	0	41.00
43.00 04300 NURSERY	0	0	0	1,489,453	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,430	0	0	367,347,463	0	50.00
51.00 05100 RECOVERY ROOM	1,656	0	0	32,053,563	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,080	0	0	15,040,952	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	21,601,810	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	68,840,244	0	54.00
54.02 05402 ULTRASOUND	0	0	0	16,717,290	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	33,989,135	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	55,743,439	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,322,566	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,066	0	0	98,391,111	0	59.00
60.00 06000 LABORATORY	0	0	0	127,819,476	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,998,377	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,024	0	0	21,633,716	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	15,449,637	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	18,180,944	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,211,222	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,923,710	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,450	0	0	62,466,694	0	69.00
69.02 06902 CARDIAC REHAB	630	0	0	1,414,302	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,032,675	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,634,488	0	121,150,107	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,951,513	0	110,692,706	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	194,336,233	0	73.00
74.00 07400 RENAL DIALYSIS	1,028	0	0	4,396,099	0	74.00
76.00 03951 ECT	0	0	0	4,522,260	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	737,626	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	6,314,349	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	4,352	0	0	115,343,453	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	1,056	0	0	30,497,618	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,080	0	0	9,146,852	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,411,376	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	41,814	22,586,001	1,000	1,725,596,307	100	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	0	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	0	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959 CONV CARE	0	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	4,693,154	4,283,069	7,914,052	1,115,200	746,302	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	112.238820	0.189634	7,914.052000	0.000646	7,463.020000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	554,593	377,529	337,807	84,169	4,276	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	13.263333	0.016715	337.807000	0.000049	42.760000	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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.02	03102	NICU	31.02
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
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
54.02	05402	ULTRASOUND	54.02
54.03	05403	NUCLEAR MEDICINE	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
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
69.02	06902	CARDIAC REHAB	69.02
69.03	06903	DIABETIC EDUCATION	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	ECT	76.00
76.01	03950	MOBILE OUTREACH CLINIC	76.01
76.01	03950	MOBILE OUTREACH CLINIC	76.01
		100	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	OUTPATIENT PSYCH	90.01
90.02	09002	PEDS CLINIC	90.02
90.04	09004	BARITRICS	90.04
91.00	09100	EMERGENCY	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
98.00	09850	HOME OFFICE	98.00
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS			
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 APOTHECARY	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	194.03
194.04	07954 MARKETING	0	194.04
194.06	07956 MOB	0	194.06
194.07	07957 SENIOR PARTNERS	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	194.08
194.09	07959 CONV CARE	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	194.10
194.11	07961 ST ELIZABETH	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	194.14
194.15	07965 FAMILY PRACTICE	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	194.17
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)	269,540	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,695.400000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,358	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	13.580000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,720,718		45,720,718	0	45,720,718	30.00
31.00	03100	INTENSIVE CARE UNIT	17,616,768		17,616,768	0	17,616,768	31.00
31.02	03102	NICU	6,458,886		6,458,886	0	6,458,886	31.02
32.00	03200	CORONARY CARE UNIT	2,333,271		2,333,271	0	2,333,271	32.00
40.00	04000	SUBPROVIDER - IPF	4,141,037		4,141,037	0	4,141,037	40.00
41.00	04100	SUBPROVIDER - IRF	4,469,651		4,469,651	0	4,469,651	41.00
43.00	04300	NURSERY	1,539,021		1,539,021	0	1,539,021	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	85,454,750		85,454,750	0	85,454,750	50.00
51.00	05100	RECOVERY ROOM	3,389,644		3,389,644	0	3,389,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,189,466		5,189,466	0	5,189,466	52.00
53.00	05300	ANESTHESIOLOGY	146,270		146,270	0	146,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,138,282		12,138,282	0	12,138,282	54.00
54.02	05402	ULTRASOUND	1,024,648		1,024,648	0	1,024,648	54.02
54.03	05403	NUCLEAR MEDICINE	3,755,377		3,755,377	0	3,755,377	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,537,230		2,537,230	0	2,537,230	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,466,744		1,466,744	0	1,466,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,711,408		4,711,408	0	4,711,408	59.00
60.00	06000	LABORATORY	21,471,681		21,471,681	0	21,471,681	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,344,142		2,344,142	0	2,344,142	63.00
64.00	06400	INTRAVENOUS THERAPY	6,281,780		6,281,780	0	6,281,780	64.00
65.00	06500	RESPIRATORY THERAPY	5,671,679	0	5,671,679	0	5,671,679	65.00
66.00	06600	PHYSICAL THERAPY	6,646,500	0	6,646,500	0	6,646,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,468,296	0	2,468,296	0	2,468,296	67.00
68.00	06800	SPEECH PATHOLOGY	845,781	0	845,781	0	845,781	68.00
69.00	06900	ELECTROCARDIOLOGY	2,597,677		2,597,677	0	2,597,677	69.00
69.02	06902	CARDIAC REHAB	1,741,895		1,741,895	0	1,741,895	69.02
69.03	06903	DIABETIC EDUCATION	461,297		461,297	0	461,297	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,335,500		1,335,500	0	1,335,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,195,707		12,195,707	0	12,195,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,802,514		23,802,514	0	23,802,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,413,177		38,413,177	0	38,413,177	73.00
74.00	07400	RENAL DIALYSIS	1,588,454		1,588,454	0	1,588,454	74.00
76.00	03951	ECT	259,650		259,650	0	259,650	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,539,000		1,539,000	0	1,539,000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,554,213		1,554,213	0	1,554,213	90.00
90.01	09001	OUTPATIENT PSYCH	0		0	0	0	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARITRICS	0		0	0	0	90.04
91.00	09100	EMERGENCY	13,758,726		13,758,726	0	13,758,726	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,648,342		3,648,342	0	3,648,342	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,703,233		6,703,233	0	6,703,233	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,794,448		5,794,448	0	5,794,448	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	4,248,271		4,248,271	0	4,248,271	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	367,465,134	0	367,465,134	0	367,465,134	200.00
201.00		Less Observation Beds	6,703,233		6,703,233		6,703,233	201.00
202.00		Total (see instructions)	360,761,901	0	360,761,901	0	360,761,901	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/27/2018 1:09 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	50,842,930		50,842,930		30.00
31.00	03100	INTENSIVE CARE UNIT	24,566,336		24,566,336		31.00
31.02	03102	NICU	8,911,893		8,911,893		31.02
32.00	03200	CORONARY CARE UNIT	3,185,909		3,185,909		32.00
40.00	04000	SUBPROVIDER - I/PF	7,078,862		7,078,862		40.00
41.00	04100	SUBPROVIDER - I/RF	4,947,003		4,947,003		41.00
43.00	04300	NURSERY	1,489,453		1,489,453		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	121,655,095	245,692,368	367,347,463	0.232626	50.00
51.00	05100	RECOVERY ROOM	8,344,812	23,708,751	32,053,563	0.105749	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,052,189	988,763	15,040,952	0.345022	52.00
53.00	05300	ANESTHESIOLOGY	12,887,229	8,714,581	21,601,810	0.006771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,971,760	52,868,484	68,840,244	0.176325	54.00
54.02	05402	ULTRASOUND	6,615,446	10,101,844	16,717,290	0.061293	54.02
54.03	05403	NUCLEAR MEDICINE	7,746,162	26,242,973	33,989,135	0.110488	54.03
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	19,327,969	36,415,470	55,743,439	0.045516	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,271,579	16,050,987	20,322,566	0.072173	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,607,643	42,783,468	98,391,111	0.047884	59.00
60.00	06000	LABORATORY	46,197,151	81,622,325	127,819,476	0.167984	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,263,730	1,734,647	7,998,377	0.293077	63.00
64.00	06400	INTRAVENOUS THERAPY	8,570,313	13,063,403	21,633,716	0.290370	64.00
65.00	06500	RESPIRATORY THERAPY	11,410,203	4,039,434	15,449,637	0.367108	65.00
66.00	06600	PHYSICAL THERAPY	10,716,164	7,464,780	18,180,944	0.365575	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,740,943	470,279	11,211,222	0.220163	67.00
68.00	06800	SPEECH PATHOLOGY	3,699,713	223,997	3,923,710	0.215556	68.00
69.00	06900	ELECTROCARDIOLOGY	23,643,836	38,822,858	62,466,694	0.041585	69.00
69.02	06902	CARDIAC REHAB	9,222	1,405,080	1,414,302	1.231629	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,679,254	6,353,421	8,032,675	0.166258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,264,636	56,885,471	121,150,107	0.100666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,459,290	46,233,416	110,692,706	0.215032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,240,014	109,096,219	194,336,233	0.197663	73.00
74.00	07400	RENAL DIALYSIS	4,029,331	366,768	4,396,099	0.361333	74.00
76.00	03951	ECT	2,089,007	2,433,253	4,522,260	0.057416	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,039	736,587	737,626	2.086423	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	90,739	6,223,610	6,314,349	0.246140	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	31,533,211	83,810,242	115,343,453	0.119285	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	10,659,097	19,838,521	30,497,618	0.119627	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,014,430	7,832,486	10,846,916	0.617985	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	51,404	9,095,448	9,146,852	0.633491	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	11,845	8,399,531	8,411,376	0.505063	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	755,876,842	969,719,465	1,725,596,307		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	755,876,842	969,719,465	1,725,596,307		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:09 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
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.232626		50.00
51.00	05100	RECOVERY ROOM	0.105749		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.345022		52.00
53.00	05300	ANESTHESIOLOGY	0.006771		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176325		54.00
54.02	05402	ULTRASOUND	0.061293		54.02
54.03	05403	NUCLEAR MEDICINE	0.110488		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.045516		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072173		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884		59.00
60.00	06000	LABORATORY	0.167984		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.293077		63.00
64.00	06400	INTRAVENOUS THERAPY	0.290370		64.00
65.00	06500	RESPIRATORY THERAPY	0.367108		65.00
66.00	06600	PHYSICAL THERAPY	0.365575		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220163		67.00
68.00	06800	SPEECH PATHOLOGY	0.215556		68.00
69.00	06900	ELECTROCARDIOLOGY	0.041585		69.00
69.02	06902	CARDIAC REHAB	1.231629		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166258		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215032		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197663		73.00
74.00	07400	RENAL DIALYSIS	0.361333		74.00
76.00	03951	ECT	0.057416		76.00
76.01	03950	MOBILE OUTREACH CLINIC	2.086423		76.01
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.246140		90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.119285		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.119627		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.617985		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.633491		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.505063		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
106.00	10600	HEART ACQUISITION			106.00
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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/27/2018 1:09 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	45,720,718		45,720,718	0	45,720,718	30.00
31.00	03100	INTENSIVE CARE UNIT	17,616,768		17,616,768	0	17,616,768	31.00
31.02	03102	NI CU	6,458,886		6,458,886	0	6,458,886	31.02
32.00	03200	CORONARY CARE UNIT	2,333,271		2,333,271	0	2,333,271	32.00
40.00	04000	SUBPROVIDER - IPF	4,141,037		4,141,037	0	4,141,037	40.00
41.00	04100	SUBPROVIDER - IRF	4,469,651		4,469,651	0	4,469,651	41.00
43.00	04300	NURSERY	1,539,021		1,539,021	0	1,539,021	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	85,454,750		85,454,750	0	85,454,750	50.00
51.00	05100	RECOVERY ROOM	3,389,644		3,389,644	0	3,389,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,189,466		5,189,466	0	5,189,466	52.00
53.00	05300	ANESTHESIOLOGY	146,270		146,270	0	146,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,138,282		12,138,282	0	12,138,282	54.00
54.02	05402	ULTRASOUND	1,024,648		1,024,648	0	1,024,648	54.02
54.03	05403	NUCLEAR MEDICINE	3,755,377		3,755,377	0	3,755,377	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,537,230		2,537,230	0	2,537,230	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,466,744		1,466,744	0	1,466,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,711,408		4,711,408	0	4,711,408	59.00
60.00	06000	LABORATORY	21,471,681		21,471,681	0	21,471,681	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,344,142		2,344,142	0	2,344,142	63.00
64.00	06400	INTRAVENOUS THERAPY	6,281,780		6,281,780	0	6,281,780	64.00
65.00	06500	RESPIRATORY THERAPY	5,671,679	0	5,671,679	0	5,671,679	65.00
66.00	06600	PHYSICAL THERAPY	6,646,500	0	6,646,500	0	6,646,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,468,296	0	2,468,296	0	2,468,296	67.00
68.00	06800	SPEECH PATHOLOGY	845,781	0	845,781	0	845,781	68.00
69.00	06900	ELECTROCARDIOLOGY	2,597,677		2,597,677	0	2,597,677	69.00
69.02	06902	CARDIAC REHAB	1,741,895		1,741,895	0	1,741,895	69.02
69.03	06903	DIABETIC EDUCATION	461,297		461,297	0	461,297	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,335,500		1,335,500	0	1,335,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,195,707		12,195,707	0	12,195,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,802,514		23,802,514	0	23,802,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,413,177		38,413,177	0	38,413,177	73.00
74.00	07400	RENAL DIALYSIS	1,588,454		1,588,454	0	1,588,454	74.00
76.00	03951	ECT	259,650		259,650	0	259,650	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,539,000		1,539,000	0	1,539,000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,554,213		1,554,213	0	1,554,213	90.00
90.01	09001	OUTPATIENT PSYCH	0		0	0	0	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARITRICS	0		0	0	0	90.04
91.00	09100	EMERGENCY	13,758,726		13,758,726	0	13,758,726	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,648,342		3,648,342	0	3,648,342	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,703,233		6,703,233	0	6,703,233	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,794,448		5,794,448	0	5,794,448	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	4,248,271		4,248,271	0	4,248,271	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	367,465,134	0	367,465,134	0	367,465,134	200.00
201.00		Less Observation Beds	6,703,233		6,703,233		6,703,233	201.00
202.00		Total (see instructions)	360,761,901	0	360,761,901	0	360,761,901	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/27/2018 1:09 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	50,842,930		50,842,930		30.00
31.00	03100	INTENSIVE CARE UNIT	24,566,336		24,566,336		31.00
31.02	03102	NICU	8,911,893		8,911,893		31.02
32.00	03200	CORONARY CARE UNIT	3,185,909		3,185,909		32.00
40.00	04000	SUBPROVIDER - I/PF	7,078,862		7,078,862		40.00
41.00	04100	SUBPROVIDER - I/RF	4,947,003		4,947,003		41.00
43.00	04300	NURSERY	1,489,453		1,489,453		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	121,655,095	245,692,368	367,347,463	0.232626	50.00
51.00	05100	RECOVERY ROOM	8,344,812	23,708,751	32,053,563	0.105749	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,052,189	988,763	15,040,952	0.345022	52.00
53.00	05300	ANESTHESIOLOGY	12,887,229	8,714,581	21,601,810	0.006771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,971,760	52,868,484	68,840,244	0.176325	54.00
54.02	05402	ULTRASOUND	6,615,446	10,101,844	16,717,290	0.061293	54.02
54.03	05403	NUCLEAR MEDICINE	7,746,162	26,242,973	33,989,135	0.110488	54.03
56.00	05600	RADIOLOGY	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	19,327,969	36,415,470	55,743,439	0.045516	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,271,579	16,050,987	20,322,566	0.072173	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,607,643	42,783,468	98,391,111	0.047884	59.00
60.00	06000	LABORATORY	46,197,151	81,622,325	127,819,476	0.167984	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,263,730	1,734,647	7,998,377	0.293077	63.00
64.00	06400	INTRAVENOUS THERAPY	8,570,313	13,063,403	21,633,716	0.290370	64.00
65.00	06500	RESPIRATORY THERAPY	11,410,203	4,039,434	15,449,637	0.367108	65.00
66.00	06600	PHYSICAL THERAPY	10,716,164	7,464,780	18,180,944	0.365575	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,740,943	470,279	11,211,222	0.220163	67.00
68.00	06800	SPEECH PATHOLOGY	3,699,713	223,997	3,923,710	0.215556	68.00
69.00	06900	ELECTROCARDIOLOGY	23,643,836	38,822,858	62,466,694	0.041585	69.00
69.02	06902	CARDIAC REHAB	9,222	1,405,080	1,414,302	1.231629	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,679,254	6,353,421	8,032,675	0.166258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,264,636	56,885,471	121,150,107	0.100666	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,459,290	46,233,416	110,692,706	0.215032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,240,014	109,096,219	194,336,233	0.197663	73.00
74.00	07400	RENAL DIALYSIS	4,029,331	366,768	4,396,099	0.361333	74.00
76.00	03951	ECT	2,089,007	2,433,253	4,522,260	0.057416	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,039	736,587	737,626	2.086423	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	90,739	6,223,610	6,314,349	0.246140	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	31,533,211	83,810,242	115,343,453	0.119285	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	10,659,097	19,838,521	30,497,618	0.119627	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,014,430	7,832,486	10,846,916	0.617985	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	51,404	9,095,448	9,146,852	0.633491	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	11,845	8,399,531	8,411,376	0.505063	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	755,876,842	969,719,465	1,725,596,307		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	755,876,842	969,719,465	1,725,596,307		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:09 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
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
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
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
69.02	06902	CARDIAC REHAB	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	ECT	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION			106.00
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: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/27/2018 1:09 pm
--	-----------------------	---	--

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,181,098	0	3,181,098	50,248	63.31	30.00
31.00	INTENSIVE CARE UNIT	916,702		916,702	12,171	75.32	31.00
31.02	NICU	345,113		345,113	5,259	65.62	31.02
32.00	CORONARY CARE UNIT	180,449		180,449	1,240	145.52	32.00
40.00	SUBPROVIDER - IPF	216,121	0	216,121	4,080	52.97	40.00
41.00	SUBPROVIDER - IRF	593,370	0	593,370	4,718	125.77	41.00
43.00	NURSERY	7,819		7,819	2,656	2.94	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,440,672		5,440,672	80,372		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,948	1,516,148				30.00
31.00	INTENSIVE CARE UNIT	8,576	645,944				31.00
31.02	NICU	0	0				31.02
32.00	CORONARY CARE UNIT	874	127,184				32.00
40.00	SUBPROVIDER - IPF	849	44,972				40.00
41.00	SUBPROVIDER - IRF	2,440	306,879				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	36,687	2,641,127				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/27/2018 1:09 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,882,526	367,347,463	0.007847	56,769,002	445,466	50.00
51.00	05100	RECOVERY ROOM	208,521	32,053,563	0.006505	8,264,978	53,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	429,026	15,040,952	0.028524	43,449	1,239	52.00
53.00	05300	ANESTHESIOLOGY	34,925	21,601,810	0.001617	5,974,566	9,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,766,481	68,840,244	0.025661	5,783,767	148,417	54.00
54.02	05402	ULTRASOUND	38,874	16,717,290	0.002325	3,305,544	7,685	54.02
54.03	05403	NUCLEAR MEDICINE	186,233	33,989,135	0.005479	3,661,025	20,059	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	333,311	55,743,439	0.005979	7,592,901	45,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	242,933	20,322,566	0.011954	1,643,968	19,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	832,929	98,391,111	0.008465	18,204,586	154,102	59.00
60.00	06000	LABORATORY	417,383	127,819,476	0.003265	18,737,444	61,178	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,456	7,998,377	0.002558	2,563,141	6,557	63.00
64.00	06400	INTRAVENOUS THERAPY	505,514	21,633,716	0.023367	3,688,218	86,183	64.00
65.00	06500	RESPIRATORY THERAPY	115,213	15,449,637	0.007457	3,875,885	28,902	65.00
66.00	06600	PHYSICAL THERAPY	152,416	18,180,944	0.008383	3,458,695	28,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,950	11,211,222	0.001155	2,955,261	3,413	67.00
68.00	06800	SPEECH PATHOLOGY	16,199	3,923,710	0.004128	874,999	3,612	68.00
69.00	06900	ELECTROCARDIOLOGY	290,227	62,466,694	0.004646	10,891,074	50,600	69.00
69.02	06902	CARDIAC REHAB	164,412	1,414,302	0.116250	2,338	272	69.02
69.03	06903	DIABETIC EDUCATION	63,684	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	134,195	8,032,675	0.016706	418,070	6,984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	186,842	121,150,107	0.001542	26,060,812	40,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	359,720	110,692,706	0.003250	26,703,127	86,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	497,702	194,336,233	0.002561	29,096,667	74,517	73.00
74.00	07400	RENAL DIALYSIS	72,448	4,396,099	0.016480	1,626,240	26,800	74.00
76.00	03951	ECT	1,515	4,522,260	0.000335	5,825	2	76.00
76.01	03950	MOBILE OUTREACH CLINIC	234,694	737,626	0.318175	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	24,480	6,314,349	0.003877	6,104	24	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARiatricS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	690,839	115,343,453	0.005989	12,844,479	76,926	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	301,444	30,497,618	0.009884	2,871,628	28,383	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	466,391	10,846,916	0.042998	1,323,257	56,897	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	39,366	8,411,376	0.004680	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	11,723,849	1,615,427,069		259,247,050	1,572,658	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/27/2018 1:09 pm
---	-----------------------	---	--

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		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	
31.02	03102	NI CU	0	0	0	0	31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	45.00	
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	0	50,248	0.00	23,948 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	12,171	0.00	8,576 31.00	
31.02	03102	NI CU	0	0	5,259	0.00	0 31.02	
32.00	03200	CORONARY CARE UNIT	0	0	1,240	0.00	874 32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,080	0.00	849 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,718	0.00	2,440 41.00	
43.00	04300	NURSERY	0	0	2,656	0.00	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0 45.00	
200.00		Total (lines 30 through 199)	0	0	80,372		36,687 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.02	03102	NI CU	0					31.02
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
--	-----------------------	---	---

Cost Center Description	Title XVIII				Hospital		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
	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
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
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
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
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
69.02 06902 CARDIAC REHAB	0	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	269,540	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	269,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
--	-----------------------	---	---

Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 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	367,347,463	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	32,053,563	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,040,952	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,601,810	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,840,244	0.000000	54.00
54.02	05402	ULTRASOUND	0	0	0	16,717,290	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	33,989,135	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	55,743,439	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,322,566	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	98,391,111	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	127,819,476	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,998,377	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,633,716	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,449,637	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,180,944	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,211,222	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,923,710	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	62,466,694	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,414,302	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,032,675	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	121,150,107	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	110,692,706	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	269,540	269,540	194,336,233	0.001387	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,396,099	0.000000	74.00
76.00	03951	ECT	0	0	0	4,522,260	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	737,626	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	6,314,349	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARITRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	115,343,453	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	30,497,618	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,846,916	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,411,376	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	269,540	269,540	1,615,427,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
--	-----------------------	---	---

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital 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	56,769,002	0	61,179,751	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	8,264,978	0	23,416,217	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	43,449	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	5,974,566	0	8,070,064	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,783,767	0	6,213,454	0	54.00
54.02	05402 ULTRASOUND	0.000000	3,305,544	0	3,623,968	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	3,661,025	0	10,751,812	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	7,592,901	0	12,599,605	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,643,968	0	5,888,132	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	18,204,586	0	16,390,139	0	59.00
60.00	06000 LABORATORY	0.000000	18,737,444	0	10,224,618	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,563,141	0	1,155,864	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	3,688,218	0	5,634,163	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,875,885	0	1,397,112	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,458,695	0	201,837	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,955,261	0	170,789	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	874,999	0	43,551	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,891,074	0	13,781,523	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	2,338	0	725,885	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	418,070	0	2,032,099	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	26,060,812	0	19,387,189	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	26,703,127	0	17,497,864	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001387	29,096,667	40,357	40,718,770	56,477	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,626,240	0	189,280	0	74.00
76.00	03951 ECT	0.000000	5,825	0	533,570	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	6,104	0	524,776	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	12,844,479	0	14,957,608	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	2,871,628	0	4,635,758	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,323,257	0	2,313,395	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		259,247,050	40,357	284,258,793	56,477	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.232626	61,179,751	0	0	14,232,001	50.00
51.00	05100	RECOVERY ROOM	0.105749	23,416,217	0	0	2,476,242	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.345022	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.006771	8,070,064	0	0	54,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176325	6,213,454	0	0	1,095,587	54.00
54.02	05402	ULTRASOUND	0.061293	3,623,968	0	0	222,124	54.02
54.03	05403	NUCLEAR MEDICINE	0.110488	10,751,812	0	0	1,187,946	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.045516	12,599,605	0	0	573,484	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072173	5,888,132	0	0	424,964	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	16,390,139	0	0	784,825	59.00
60.00	06000	LABORATORY	0.167984	10,224,618	0	0	1,717,572	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.293077	1,155,864	0	0	338,757	63.00
64.00	06400	INTRAVENOUS THERAPY	0.290370	5,634,163	0	0	1,635,992	64.00
65.00	06500	RESPIRATORY THERAPY	0.367108	1,397,112	0	0	512,891	65.00
66.00	06600	PHYSICAL THERAPY	0.365575	201,837	0	0	73,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220163	170,789	0	0	37,601	67.00
68.00	06800	SPEECH PATHOLOGY	0.215556	43,551	0	0	9,388	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041585	13,781,523	0	0	573,105	69.00
69.02	06902	CARDIAC REHAB	1.231629	725,885	0	0	894,021	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166258	2,032,099	0	0	337,853	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	19,387,189	0	0	1,951,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215032	17,497,864	0	0	3,762,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197663	40,718,770	0	86,586	8,048,594	73.00
74.00	07400	RENAL DIALYSIS	0.361333	189,280	0	0	68,393	74.00
76.00	03951	ECT	0.057416	533,570	0	0	30,635	76.00
76.01	03950	MOBILE OUTREACH CLINIC	2.086423	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.246140	524,776	0	0	129,168	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.119285	14,957,608	0	0	1,784,218	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.119627	4,635,758	0	0	554,562	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.617985	2,313,395	0	0	1,429,643	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.633491		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		284,258,793	0	86,586	44,942,227	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		284,258,793	0	86,586	44,942,227	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	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
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17,115		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00	Subtotal (see instructions)	0	17,115	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	17,115	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/27/2018 1:09 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,882,526	367,347,463	0.007847	2,465	19 50.00
51.00	05100	RECOVERY ROOM	208,521	32,053,563	0.006505	73,536	478 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	429,026	15,040,952	0.028524	0	0 52.00
53.00	05300	ANESTHESIOLOGY	34,925	21,601,810	0.001617	65,649	106 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,766,481	68,840,244	0.025661	20,053	515 54.00
54.02	05402	ULTRASOUND	38,874	16,717,290	0.002325	3,929	9 54.02
54.03	05403	NUCLEAR MEDICINE	186,233	33,989,135	0.005479	8,135	45 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	333,311	55,743,439	0.005979	31,557	189 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	242,933	20,322,566	0.011954	2,273	27 58.00
59.00	05900	CARDIAC CATHETERIZATION	832,929	98,391,111	0.008465	0	0 59.00
60.00	06000	LABORATORY	417,383	127,819,476	0.003265	102,983	336 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,456	7,998,377	0.002558	7,318	19 63.00
64.00	06400	INTRAVENOUS THERAPY	505,514	21,633,716	0.023367	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	115,213	15,449,637	0.007457	2,869	21 65.00
66.00	06600	PHYSICAL THERAPY	152,416	18,180,944	0.008383	12,682	106 66.00
67.00	06700	OCCUPATIONAL THERAPY	12,950	11,211,222	0.001155	10,453	12 67.00
68.00	06800	SPEECH PATHOLOGY	16,199	3,923,710	0.004128	3,983	16 68.00
69.00	06900	ELECTROCARDIOLOGY	290,227	62,466,694	0.004646	21,895	102 69.00
69.02	06902	CARDIAC REHAB	164,412	1,414,302	0.116250	0	0 69.02
69.03	06903	DIABETIC EDUCATION	63,684	0	0.000000	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	134,195	8,032,675	0.016706	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	186,842	121,150,107	0.001542	21,601	33 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	359,720	110,692,706	0.003250	101	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	497,702	194,336,233	0.002561	269,429	690 73.00
74.00	07400	RENAL DIALYSIS	72,448	4,396,099	0.016480	0	0 74.00
76.00	03951	ECT	1,515	4,522,260	0.000335	90,870	30 76.00
76.01	03950	MOBILE OUTREACH CLINIC	234,694	737,626	0.318175	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	24,480	6,314,349	0.003877	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	690,839	115,343,453	0.005989	63,492	380 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	301,444	30,497,618	0.009884	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,846,916	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	39,366	8,411,376	0.004680	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0 98.00
200.00		Total (lines 50 through 199)	11,257,458	1,615,427,069		815,273	3,133 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	269,540	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	269,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 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	367,347,463	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	32,053,563	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,040,952	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,601,810	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,840,244	0.000000	54.00
54.02	05402	ULTRASOUND	0	0	0	16,717,290	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	33,989,135	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	55,743,439	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,322,566	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	98,391,111	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	127,819,476	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,998,377	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,633,716	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,449,637	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,180,944	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,211,222	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,923,710	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	62,466,694	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,414,302	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,032,675	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	121,150,107	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	110,692,706	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	269,540	269,540	194,336,233	0.001387	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,396,099	0.000000	74.00
76.00	03951	ECT	0	0	0	4,522,260	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	737,626	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	6,314,349	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	115,343,453	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	30,497,618	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,846,916	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,411,376	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	269,540	269,540	1,615,427,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	2,465	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	73,536	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	65,649	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	20,053	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	3,929	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	8,135	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	31,557	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,273	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	102,983	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	7,318	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,869	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	12,682	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	10,453	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	3,983	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	21,895	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	21,601	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	101	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001387	269,429	374	387	1	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 ECT	0.000000	90,870	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	63,492	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		815,273	374	387	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.232626	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.105749	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.345022	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.006771	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.176325	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0.061293	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0.110488	0	0	0	0	54.03
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.045516	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072173	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.047884	0	0	0	0	59.00
60.00 06000 LABORATORY	0.167984	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.293077	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.290370	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.367108	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.365575	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.220163	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.215556	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.041585	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	1.231629	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0.166258	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.215032	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.197663	387	0	352	76	73.00
74.00 07400 RENAL DIALYSIS	0.361333	0	0	0	0	74.00
76.00 03951 ECT	0.057416	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	2.086423	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.246140	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.119285	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.119627	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.617985	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.633491		0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		387	0	352	76
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00	Net Charges (line 200 - line 201)		387	0	352	76

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
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
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIO SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	70	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	70	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	70	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/27/2018 1:09 pm	
		Component CCN: 15-T100		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,882,526	367,347,463	0.007847	30,872	242
51.00	05100	RECOVERY ROOM	208,521	32,053,563	0.006505	6,298	41
52.00	05200	DELIVERY ROOM & LABOR ROOM	429,026	15,040,952	0.028524	0	0
53.00	05300	ANESTHESIOLOGY	34,925	21,601,810	0.001617	4,845	8
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,766,481	68,840,244	0.025661	42,464	1,090
54.02	05402	ULTRASOUND	38,874	16,717,290	0.002325	21,455	50
54.03	05403	NUCLEAR MEDICINE	186,233	33,989,135	0.005479	0	0
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
57.00	05700	CT SCAN	333,311	55,743,439	0.005979	42,002	251
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	242,933	20,322,566	0.011954	3,587	43
59.00	05900	CARDIAC CATHETERIZATION	832,929	98,391,111	0.008465	2,574	22
60.00	06000	LABORATORY	417,383	127,819,476	0.003265	292,438	955
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,456	7,998,377	0.002558	10,418	27
64.00	06400	INTRAVENOUS THERAPY	505,514	21,633,716	0.023367	8,994	210
65.00	06500	RESPIRATORY THERAPY	115,213	15,449,637	0.007457	21,833	163
66.00	06600	PHYSICAL THERAPY	152,416	18,180,944	0.008383	1,647,464	13,811
67.00	06700	OCCUPATIONAL THERAPY	12,950	11,211,222	0.001155	1,852,442	2,140
68.00	06800	SPEECH PATHOLOGY	16,199	3,923,710	0.004128	808,756	3,339
69.00	06900	ELECTROCARDIOLOGY	290,227	62,466,694	0.004646	30,065	140
69.02	06902	CARDIAC REHAB	164,412	1,414,302	0.116250	0	0
69.03	06903	DIABETIC EDUCATION	63,684	0	0.000000	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	134,195	8,032,675	0.016706	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	186,842	121,150,107	0.001542	195,914	302
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	359,720	110,692,706	0.003250	10,057	33
73.00	07300	DRUGS CHARGED TO PATIENTS	497,702	194,336,233	0.002561	552,168	1,414
74.00	07400	RENAL DIALYSIS	72,448	4,396,099	0.016480	150,080	2,473
76.00	03951	ECT	1,515	4,522,260	0.000335	0	0
76.01	03950	MOBILE OUTREACH CLINIC	234,694	737,626	0.318175	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	24,480	6,314,349	0.003877	0	0
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0
90.04	09004	BARITRICS	0	0	0.000000	0	0
91.00	09100	EMERGENCY	690,839	115,343,453	0.005989	0	0
91.01	09101	DIAGNOSTIC TREATMENT CENTER	301,444	30,497,618	0.009884	7,539	75
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,846,916	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	39,366	8,411,376	0.004680	0	0
98.00	09850	HOME OFFICE	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	11,257,458	1,615,427,069		5,742,265	26,829

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	269,540	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	269,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 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	367,347,463	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	32,053,563	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,040,952	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,601,810	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,840,244	0.000000	54.00
54.02	05402	ULTRASOUND	0	0	0	16,717,290	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	33,989,135	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	55,743,439	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,322,566	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	98,391,111	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	127,819,476	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,998,377	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,633,716	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,449,637	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,180,944	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,211,222	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,923,710	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	62,466,694	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,414,302	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,032,675	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	121,150,107	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	110,692,706	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	269,540	269,540	194,336,233	0.001387	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,396,099	0.000000	74.00
76.00	03951	ECT	0	0	0	4,522,260	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	737,626	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	6,314,349	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	115,343,453	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	30,497,618	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,846,916	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,411,376	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	269,540	269,540	1,615,427,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	30,872	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	6,298	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	4,845	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	42,464	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	21,455	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	42,002	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,587	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,574	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	292,438	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	10,418	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	8,994	0	366	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	21,833	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,647,464	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,852,442	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	808,756	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	30,065	0	278	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	195,914	0	126	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,057	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001387	552,168	766	728	1	73.00
74.00	07400 RENAL DIALYSIS	0.000000	150,080	0	0	0	74.00
76.00	03951 ECT	0.000000	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	7,539	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		5,742,265	766	1,498	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.232626	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.105749	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.345022	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.006771	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.176325	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0.061293	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0.110488	0	0	0	0	54.03
56.00 05600 RADIO SOTOP	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.045516	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072173	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.047884	0	0	0	0	59.00
60.00 06000 LABORATORY	0.167984	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.293077	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.290370	366	0	0	106	64.00
65.00 06500 RESPIRATORY THERAPY	0.367108	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.365575	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.220163	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.215556	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.041585	278	0	0	12	69.00
69.02 06902 CARDIAC REHAB	1.231629	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0.166258	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	126	0	0	13	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.215032	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.197663	728	0	399	144	73.00
74.00 07400 RENAL DIALYSIS	0.361333	0	0	0	0	74.00
76.00 03951 ECT	0.057416	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	2.086423	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.246140	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.119285	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.119627	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.617985	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.633491		0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		1,498	399	275	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		1,498	399	275	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 pm
Title XVIII		Subprovider - IRF	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
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIO SOTOP	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	79	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	79	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	79	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/27/2018 1:09 pm
---	-----------------------	---	--

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
31.02	03102	NI CU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
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	0	50,248	0.00	797 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,171	0.00	5 31.00
31.02	03102	NI CU	0	0	5,259	0.00	114 31.02
32.00	03200	CORONARY CARE UNIT	0	0	1,240	0.00	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,080	0.00	1,455 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,718	0.00	7 41.00
43.00	04300	NURSERY	0	0	2,656	0.00	1,664 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0 45.00
200.00		Total (lines 30 through 199)	0	0	80,372	0.00	4,042 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
31.02	03102	NI CU	0				31.02
32.00	03200	CORONARY CARE UNIT	0				32.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
--	-----------------------	---	---

Cost Center Description	Title XIX			Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	269,540	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	269,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet D
Part IV
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description			Title XIX			Hospital	Cost	
			All Other Medical Education Cost	Total Cost (sum of col 1 through col. 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	367,347,463	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	32,053,563	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,040,952	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,601,810	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,840,244	0.000000	54.00
54.02	05402	ULTRASOUND	0	0	0	16,717,290	0.000000	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	33,989,135	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	55,743,439	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,322,566	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	98,391,111	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	127,819,476	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,998,377	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,633,716	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,449,637	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,180,944	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,211,222	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,923,710	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	62,466,694	0.000000	69.00
69.02	06902	CARDIAC REHAB	0	0	0	1,414,302	0.000000	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,032,675	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	121,150,107	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	110,692,706	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	269,540	269,540	194,336,233	0.001387	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,396,099	0.000000	74.00
76.00	03951	ECT	0	0	0	4,522,260	0.000000	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	737,626	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	6,314,349	0.000000	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004	BARITRICS	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	115,343,453	0.000000	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	30,497,618	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,846,916	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,411,376	0.000000	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	269,540	269,540	1,615,427,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	14,796,957	0	40,047,792	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	292,534	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,709,173	0	145,710	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,567,479	0	644,517	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,942,651	0	7,791,026	0	54.00
54.02	05402 ULTRASOUND	0.000000	804,639	0	1,488,670	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	942,169	0	3,867,326	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	2,350,868	0	5,366,408	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	519,554	0	2,365,372	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,763,579	0	6,304,835	0	59.00
60.00	06000 LABORATORY	0.000000	5,618,978	0	12,028,369	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	761,860	0	255,628	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,042,410	0	1,925,104	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,387,827	0	595,276	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,303,411	0	1,100,056	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,306,425	0	69,303	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	449,998	0	33,010	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,875,809	0	5,721,176	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	1,122	0	207,061	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	204,248	0	936,279	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,816,533	0	8,382,994	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,840,209	0	6,813,241	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001387	10,367,776	14,380	16,077,091	22,299	73.00
74.00	07400 RENAL DIALYSIS	0.000000	490,089	0	54,049	0	74.00
76.00	03951 ECT	0.000000	254,087	0	358,579	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	126	0	108,548	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	11,037	0	917,150	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	3,835,397	0	12,350,794	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	1,296,470	0	2,923,527	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	366,646	0	1,154,243	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	1,441	0	1,237,807	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		78,628,968	14,380	141,563,475	22,299	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 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	0.232626	40,047,792	0	0	9,316,158	50.00
51.00	05100	RECOVERY ROOM	0.105749	292,534	0	0	30,935	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.345022	145,710	0	0	50,273	52.00
53.00	05300	ANESTHESIOLOGY	0.006771	644,517	0	0	4,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176325	7,791,026	0	0	1,373,753	54.00
54.02	05402	ULTRASOUND	0.061293	1,488,670	0	0	91,245	54.02
54.03	05403	NUCLEAR MEDICINE	0.110488	3,867,326	0	0	427,293	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.045516	5,366,408	0	0	244,257	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072173	2,365,372	0	0	170,716	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	6,304,835	0	0	301,901	59.00
60.00	06000	LABORATORY	0.167984	12,028,369	0	0	2,020,574	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.293077	255,628	0	0	74,919	63.00
64.00	06400	INTRAVENOUS THERAPY	0.290370	1,925,104	0	0	558,992	64.00
65.00	06500	RESPIRATORY THERAPY	0.367108	595,276	0	0	218,531	65.00
66.00	06600	PHYSICAL THERAPY	0.365575	1,100,056	0	0	402,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220163	69,303	0	0	15,258	67.00
68.00	06800	SPEECH PATHOLOGY	0.215556	33,010	0	0	7,116	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041585	5,721,176	0	0	237,915	69.00
69.02	06902	CARDIAC REHAB	1.231629	207,061	0	0	255,022	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166258	936,279	0	0	155,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	8,382,994	0	0	843,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215032	6,813,241	0	0	1,465,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197663	16,077,091	0	0	3,177,846	73.00
74.00	07400	RENAL DIALYSIS	0.361333	54,049	0	0	19,530	74.00
76.00	03951	ECT	0.057416	358,579	0	0	20,588	76.00
76.01	03950	MOBILE OUTREACH CLINIC	2.086423	108,548	0	0	226,477	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.246140	917,150	0	0	225,747	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.119285	12,350,794	0	0	1,473,264	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.119627	2,923,527	0	0	349,733	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.617985	1,154,243	0	0	713,305	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.633491	1,346,614	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.505063	1,237,807	0	0	625,171	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		141,563,475	0	0	25,950,715	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		141,563,475	0	0	25,950,715	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:09 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	ECT	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARIATRICS	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	HOME OFFICE	0	0	98.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
Title XIX		Subprovider - IPF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	269,540	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	269,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
--	---	---	---

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 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	367,347,463	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	32,053,563	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	15,040,952	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	21,601,810	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	68,840,244	0.000000	54.00
54.02	05402 ULTRASOUND	0	0	0	16,717,290	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	33,989,135	0.000000	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	55,743,439	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,322,566	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	98,391,111	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	127,819,476	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,998,377	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	21,633,716	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	15,449,637	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	18,180,944	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	11,211,222	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	3,923,710	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	62,466,694	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,414,302	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,032,675	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	121,150,107	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	110,692,706	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	269,540	269,540	194,336,233	0.001387	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,396,099	0.000000	74.00
76.00	03951 ECT	0	0	0	4,522,260	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	737,626	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	6,314,349	0.000000	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	115,343,453	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	30,497,618	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,846,916	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,411,376	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	269,540	269,540	1,615,427,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	5,265	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	140,222	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	42,832	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	8,392	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	17,376	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	67,404	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,855	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	219,966	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	15,631	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,128	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	27,088	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	22,327	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	8,507	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	46,766	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	46,138	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	216	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001387	575,485	798	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 ECT	0.000000	194,093	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	135,615	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		1,584,306	798	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
Title XIX		Subprovider - IRF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	269,540	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	269,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm
--	---	---	---

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 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	367,347,463	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	32,053,563	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	15,040,952	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	21,601,810	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	68,840,244	0.000000	54.00
54.02	05402 ULTRASOUND	0	0	0	16,717,290	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	33,989,135	0.000000	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	55,743,439	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,322,566	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	98,391,111	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	127,819,476	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,998,377	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	21,633,716	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	15,449,637	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	18,180,944	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	11,211,222	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	3,923,710	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	62,466,694	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,414,302	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,032,675	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	121,150,107	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	110,692,706	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	269,540	269,540	194,336,233	0.001387	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,396,099	0.000000	74.00
76.00	03951 ECT	0	0	0	4,522,260	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	737,626	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	6,314,349	0.000000	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	115,343,453	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	30,497,618	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,846,916	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,411,376	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	269,540	269,540	1,615,427,069		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	7,670	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,204	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	10,550	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	5,330	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	10,435	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	891	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	639	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	72,654	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,588	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	2,234	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,424	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	409,298	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	460,223	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	200,928	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,469	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	48,673	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,499	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001387	137,181	190	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	37,286	0	0	0	74.00
76.00	03951 ECT	0.000000	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		1,423,176	190	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,248	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)		42,881	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		23,948	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		45,720,718	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		45,720,718	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)		45,720,718	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)		909.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,790,285	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)		21,790,285	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,616,768	12,171	1,447.44	8,576	12,413,245	43.00
43.02	NICU	6,458,886	5,259	1,228.16	0	0	43.02
44.00	CORONARY CARE UNIT	2,333,271	1,240	1,881.67	874	1,644,580	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)					43,519,528	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					79,367,638	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)					2,289,276	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,613,015	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,902,291	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					75,465,347	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)					7,367	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					909.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,703,233	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,181,098	45,720,718	0.069577	6,703,233	466,391	90.00
91.00	Nursing School cost	0	45,720,718	0.000000	6,703,233	0	91.00
92.00	Allied health cost	0	45,720,718	0.000000	6,703,233	0	92.00
93.00	All other Medical Education	0	45,720,718	0.000000	6,703,233	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,080	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,080	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)		4,080	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		849	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,141,037	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,141,037	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)		4,141,037	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)		1,014.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		861,701	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)		861,701	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-S100		Date/Time Prepared: 11/27/2018 1:09 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					112,517		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					974,218		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)					44,972		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,507		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					48,479		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					925,739		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	216,121	4,141,037	0.052190	0	0	90.00
91.00	Nursing School cost	0	4,141,037	0.000000	0	0	91.00
92.00	Allied health cost	0	4,141,037	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,141,037	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,718	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)		4,718	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,440	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,469,651	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,469,651	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)		4,469,651	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)		947.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,311,558	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)		2,311,558	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-T100		Date/Time Prepared: 11/27/2018 1:09 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,453,634		48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					306,879		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,595		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					334,474		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,430,718		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	593,370	4,469,651	0.132755	0	0	90.00
91.00	Nursing School cost	0	4,469,651	0.000000	0	0	91.00
92.00	Allied health cost	0	4,469,651	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,469,651	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,248	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)		42,881	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		797	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,656	15.00
16.00	Nursery days (title V or XIX only)		1,664	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		45,720,718	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		45,720,718	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)		45,720,718	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)		909.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		725,190	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)		725,190	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/27/2018 1:09 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)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,539,021	2,656	579.45	1,664	964,205	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,616,768	12,171	1,447.44	5	7,237	43.00
43.02	NICU	6,458,886	5,259	1,228.16	114	140,010	43.02
44.00	CORONARY CARE UNIT	2,333,271	1,240	1,881.67	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,558,837	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,395,479	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)					7,367	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					909.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,703,233	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,181,098	45,720,718	0.069577	6,703,233	466,391	90.00
91.00	Nursing School cost	0	45,720,718	0.000000	6,703,233	0	91.00
92.00	Allied health cost	0	45,720,718	0.000000	6,703,233	0	92.00
93.00	All other Medical Education	0	45,720,718	0.000000	6,703,233	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,080 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,080 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)			4,080 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,455 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,656 15.00
16.00	Nursery days (title V or XIX only)			1,664 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,141,037 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,141,037 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)			4,141,037 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)			1,014.96 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,476,767 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)			1,476,767 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-S100	Date/Time Prepared: 11/27/2018 1:09 pm		
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					223,722		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,700,489		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX		Subprovider - IPF		Cost	
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	216,121	4,141,037	0.052190	0	0	90.00
91.00	Nursing School cost	0	4,141,037	0.000000	0	0	91.00
92.00	Allied health cost	0	4,141,037	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,141,037	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,718	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)		4,718	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,656	15.00
16.00	Nursery days (title V or XIX only)		1,664	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,469,651	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,469,651	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)		4,469,651	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)		947.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,632	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,632	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 15-T100		Date/Time Prepared: 11/27/2018 1:09 pm	
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					360,753	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					367,385	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)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX		Subprovider - IRF		Cost	
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	593,370	4,469,651	0.132755	0	0	90.00
91.00	Nursing School cost	0	4,469,651	0.000000	0	0	91.00
92.00	Allied health cost	0	4,469,651	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,469,651	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/27/2018 1:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		15,455,361		30.00
31.00	03100 INTENSIVE CARE UNIT		13,703,821		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		3,092,056		32.00
40.00	04000 SUBPROVIDER - I PF		1,455		40.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232626	56,769,002	13,205,946	50.00
51.00	05100 RECOVERY ROOM	0.105749	8,264,978	874,013	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345022	43,449	14,991	52.00
53.00	05300 ANESTHESIOLOGY	0.006771	5,974,566	40,454	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176325	5,783,767	1,019,823	54.00
54.02	05402 ULTRASOUND	0.061293	3,305,544	202,607	54.02
54.03	05403 NUCLEAR MEDICINE	0.110488	3,661,025	404,499	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.045516	7,592,901	345,598	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072173	1,643,968	118,650	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047884	18,204,586	871,708	59.00
60.00	06000 LABORATORY	0.167984	18,737,444	3,147,591	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.293077	2,563,141	751,198	63.00
64.00	06400 INTRAVENOUS THERAPY	0.290370	3,688,218	1,070,948	64.00
65.00	06500 RESPIRATORY THERAPY	0.367108	3,875,885	1,422,868	65.00
66.00	06600 PHYSICAL THERAPY	0.365575	3,458,695	1,264,412	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220163	2,955,261	650,639	67.00
68.00	06800 SPEECH PATHOLOGY	0.215556	874,999	188,611	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041585	10,891,074	452,905	69.00
69.02	06902 CARDIAC REHAB	1.231629	2,338	2,880	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166258	418,070	69,507	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	26,060,812	2,623,438	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.215032	26,703,127	5,742,027	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197663	29,096,667	5,751,334	73.00
74.00	07400 RENAL DIALYSIS	0.361333	1,626,240	587,614	74.00
76.00	03951 ECT	0.057416	5,825	334	76.00
76.01	03950 MOBILE OUTREACH CLINIC	2.086423	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.246140	6,104	1,502	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.119285	12,844,479	1,532,154	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.119627	2,871,628	343,524	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.617985	1,323,257	817,753	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		259,247,050	43,519,528	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		259,247,050		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.02	03102 NICU		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		1,540,997	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.232626	2,465	573 50.00
51.00	05100 RECOVERY ROOM	0.105749	73,536	7,776 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345022	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.006771	65,649	445 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176325	20,053	3,536 54.00
54.02	05402 ULTRASOUND	0.061293	3,929	241 54.02
54.03	05403 NUCLEAR MEDICINE	0.110488	8,135	899 54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700 CT SCAN	0.045516	31,557	1,436 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072173	2,273	164 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047884	0	0 59.00
60.00	06000 LABORATORY	0.167984	102,983	17,299 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.293077	7,318	2,145 63.00
64.00	06400 INTRAVENOUS THERAPY	0.290370	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.367108	2,869	1,053 65.00
66.00	06600 PHYSICAL THERAPY	0.365575	12,682	4,636 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220163	10,453	2,301 67.00
68.00	06800 SPEECH PATHOLOGY	0.215556	3,983	859 68.00
69.00	06900 ELECTROCARDIOLOGY	0.041585	21,895	911 69.00
69.02	06902 CARDIAC REHAB	1.231629	0	0 69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166258	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	21,601	2,174 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.215032	101	22 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197663	269,429	53,256 73.00
74.00	07400 RENAL DIALYSIS	0.361333	0	0 74.00
76.00	03951 ECT	0.057416	90,870	5,217 76.00
76.01	03950 MOBILE OUTREACH CLINIC	2.086423	0	0 76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.246140	0	0 90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0 90.01
90.02	09002 PEDS CLINIC	0.000000	0	0 90.02
90.04	09004 BARIATRICS	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.119285	63,492	7,574 91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.119627	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.617985	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0 97.00
98.00	09850 HOME OFFICE	0.000000	0	0 98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		815,273	112,517 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		815,273	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.02	03102 NICU		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		2,511,692	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.232626	30,872	7,182 50.00
51.00	05100 RECOVERY ROOM	0.105749	6,298	666 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345022	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.006771	4,845	33 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176325	42,464	7,487 54.00
54.02	05402 ULTRASOUND	0.061293	21,455	1,315 54.02
54.03	05403 NUCLEAR MEDICINE	0.110488	0	0 54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700 CT SCAN	0.045516	42,002	1,912 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072173	3,587	259 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047884	2,574	123 59.00
60.00	06000 LABORATORY	0.167984	292,438	49,125 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.293077	10,418	3,053 63.00
64.00	06400 INTRAVENOUS THERAPY	0.290370	8,994	2,612 64.00
65.00	06500 RESPIRATORY THERAPY	0.367108	21,833	8,015 65.00
66.00	06600 PHYSICAL THERAPY	0.365575	1,647,464	602,272 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220163	1,852,442	407,839 67.00
68.00	06800 SPEECH PATHOLOGY	0.215556	808,756	174,332 68.00
69.00	06900 ELECTROCARDIOLOGY	0.041585	30,065	1,250 69.00
69.02	06902 CARDIAC REHAB	1.231629	0	0 69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166258	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	195,914	19,722 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.215032	10,057	2,163 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197663	552,168	109,143 73.00
74.00	07400 RENAL DIALYSIS	0.361333	150,080	54,229 74.00
76.00	03951 ECT	0.057416	0	0 76.00
76.01	03950 MOBILE OUTREACH CLINIC	2.086423	0	0 76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.246140	0	0 90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0 90.01
90.02	09002 PEDS CLINIC	0.000000	0	0 90.02
90.04	09004 BARIATRICS	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.119285	0	0 91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.119627	7,539	902 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.617985	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0 97.00
98.00	09850 HOME OFFICE	0.000000	0	0 98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,742,265	1,453,634 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		5,742,265	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 11/27/2018 1:09 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		5,250,894	30.00
31.00	03100	INTENSIVE CARE UNIT		4,296,646	31.00
31.02	03102	NICU		1,083,957	31.02
32.00	03200	CORONARY CARE UNIT		93,853	32.00
40.00	04000	SUBPROVIDER - I/PF		861,005	40.00
41.00	04100	SUBPROVIDER - I/RF		501,706	41.00
43.00	04300	NURSERY		1,114,314	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.232626	14,796,957	50.00
51.00	05100	RECOVERY ROOM	0.105749	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.345022	1,709,173	52.00
53.00	05300	ANESTHESIOLOGY	0.006771	1,567,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176325	1,942,651	54.00
54.02	05402	ULTRASOUND	0.061293	804,639	54.02
54.03	05403	NUCLEAR MEDICINE	0.110488	942,169	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.045516	2,350,868	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072173	519,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.047884	6,763,579	59.00
60.00	06000	LABORATORY	0.167984	5,618,978	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.293077	761,860	63.00
64.00	06400	INTRAVENOUS THERAPY	0.290370	1,042,410	64.00
65.00	06500	RESPIRATORY THERAPY	0.367108	1,387,827	65.00
66.00	06600	PHYSICAL THERAPY	0.365575	1,303,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220163	1,306,425	67.00
68.00	06800	SPEECH PATHOLOGY	0.215556	449,998	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041585	2,875,809	69.00
69.02	06902	CARDIAC REHAB	1.231629	1,122	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166258	204,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	7,816,533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.215032	7,840,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197663	10,367,776	73.00
74.00	07400	RENAL DIALYSIS	0.361333	490,089	74.00
76.00	03951	ECT	0.057416	254,087	76.00
76.01	03950	MOBILE OUTREACH CLINIC	2.086423	126	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.246140	11,037	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.119285	3,835,397	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.119627	1,296,470	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.617985	366,646	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.505063	1,441	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		78,628,968	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)		78,628,968	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		3,448,550		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232626	5,265	1,225	50.00
51.00	05100 RECOVERY ROOM	0.105749	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345022	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.006771	140,222	949	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176325	42,832	7,552	54.00
54.02	05402 ULTRASOUND	0.061293	8,392	514	54.02
54.03	05403 NUCLEAR MEDICINE	0.110488	17,376	1,920	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.045516	67,404	3,068	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072173	4,855	350	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047884	0	0	59.00
60.00	06000 LABORATORY	0.167984	219,966	36,951	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.293077	15,631	4,581	63.00
64.00	06400 INTRAVENOUS THERAPY	0.290370	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.367108	6,128	2,250	65.00
66.00	06600 PHYSICAL THERAPY	0.365575	27,088	9,903	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220163	22,327	4,916	67.00
68.00	06800 SPEECH PATHOLOGY	0.215556	8,507	1,834	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041585	46,766	1,945	69.00
69.02	06902 CARDIAC REHAB	1.231629	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166258	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	46,138	4,645	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.215032	216	46	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197663	575,485	113,752	73.00
74.00	07400 RENAL DIALYSIS	0.361333	0	0	74.00
76.00	03951 ECT	0.057416	194,093	11,144	76.00
76.01	03950 MOBILE OUTREACH CLINIC	2.086423	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.246140	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.119285	135,615	16,177	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.119627	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.617985	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,584,306	223,722	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,584,306		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		627,446		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232626	7,670	1,784	50.00
51.00	05100 RECOVERY ROOM	0.105749	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.345022	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.006771	1,204	8	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.176325	10,550	1,860	54.00
54.02	05402 ULTRASOUND	0.061293	5,330	327	54.02
54.03	05403 NUCLEAR MEDICINE	0.110488	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.045516	10,435	475	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072173	891	64	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.047884	639	31	59.00
60.00	06000 LABORATORY	0.167984	72,654	12,205	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.293077	2,588	758	63.00
64.00	06400 INTRAVENOUS THERAPY	0.290370	2,234	649	64.00
65.00	06500 RESPIRATORY THERAPY	0.367108	5,424	1,991	65.00
66.00	06600 PHYSICAL THERAPY	0.365575	409,298	149,629	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220163	460,223	101,324	67.00
68.00	06800 SPEECH PATHOLOGY	0.215556	200,928	43,311	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041585	7,469	311	69.00
69.02	06902 CARDIAC REHAB	1.231629	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166258	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.100666	48,673	4,900	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.215032	2,499	537	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.197663	137,181	27,116	73.00
74.00	07400 RENAL DIALYSIS	0.361333	37,286	13,473	74.00
76.00	03951 ECT	0.057416	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	2.086423	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.246140	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.119285	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.119627	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.617985	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.505063	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,423,176	360,753	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)		1,423,176		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/27/2018 1:09 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)		12,421,509	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		39,583,396	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,112,859	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		14,759,467	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		384.82	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)		16.42	5.00
6.00	FTE count for allopathic and osteopathic programs which 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)		5.20	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.		6.56	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)		4.66	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.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		6.00	12.00
13.00	Total allowable FTE count for the prior year.		6.00	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.		6.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.00	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		6.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.015592	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.015576	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.015576	21.00
22.00	IME payment adjustment (see instructions)		440,846	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		125,116	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)		-4.66	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)		440,846	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		125,116	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.32	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.36	31.00
32.00	Sum of lines 30 and 31		29.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.70	33.00
34.00	Disproportionate share adjustment (see instructions)		1,781,168	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/27/2018 1:09 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)		2,748,471	3,282,476	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		692,766	2,455,112	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,147,878		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
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		58,487,656		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)		58,612,772		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,517,672		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).		250,878		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		50,956		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)		40,357		58.00
59.00	Total (sum of amounts on lines 49 through 58)		63,472,635		59.00
60.00	Primary payer payments		14,949		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		63,457,686		61.00
62.00	Deductibles billed to program beneficiaries		5,295,011		62.00
63.00	Coinurance billed to program beneficiaries		99,002		63.00
64.00	Allowable bad debts (see instructions)		284,962		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		185,225		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		152,266		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		58,248,898		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)				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)		-34,236		70.93
70.94	HRR adjustment amount (see instructions)		-876,429		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			473,739	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			56,864,494	71.00
71.01	Sequestration adjustment (see instructions)			1,137,290	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			55,173,164	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)			554,040	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			705,011	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2018 1:09 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	12,421,509	0	12,421,509		12,421,509	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,583,396	0		39,583,396	39,583,396	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,112,859	0	359,160	753,699	1,112,859	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	14,759,467	0	3,332,578	11,426,889	14,759,467	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.015576	0.015576	0.015576	0.015576		5.00
6.00	IME payment adjustment (see instructions)	22.00	440,846	0	105,297	335,549	440,846	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	125,116	0	0	125,116	125,116	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	440,846	0	105,297	335,549	440,846	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	125,116	0	0	125,116	125,116	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1370	0.1370	0.1370	0.1370		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,781,168	0	425,437	1,355,731	1,781,168	11.00
11.01	Uncompensated care payments	36.00	3,147,878	0	788,412	2,055,705	2,844,117	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	58,487,656	0	14,099,815	44,387,841	58,487,656	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	58,612,772	0	14,099,815	44,512,957	58,612,772	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,517,672	0	1,079,603	3,438,069	4,517,672	16.00
17.00	Special add-on payments for new technologies	54.00	50,956	0	1,036	49,921	50,957	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2018 1:09 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	15,180,454	48,000,947	63,181,401	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	4,197,408	0	998,051	3,199,357	4,197,408	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	20,149	0	10,192	9,957	20,149	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	0.0096	0.0096	0.0096	0.0096		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	40,295	0	9,581	30,714	40,295	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0619	0.0619	0.0619	0.0619		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	259,820	0	61,779	198,041	259,820	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,517,672	0	1,079,603	3,438,069	4,517,672	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				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0100		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,421,509	12,421,509		12,421,509	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,583,396		39,583,396	39,583,396	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,112,859	359,160	753,699	1,112,859	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	14,759,467	3,332,578	11,426,889	14,759,467	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.015576	0.015576	0.015576		5.00
6.00	IME payment adjustment (see instructions)	22.00	440,846	105,297	335,549	440,846	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	125,116	28,250	96,866	125,116	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	440,846	105,297	335,549	440,846	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	125,116	28,250	96,866	125,116	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1370	0.1370	0.1370		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,781,168	425,437	1,355,731	1,781,168	11.00
11.01	Uncompensated care payments	36.00	3,147,878	692,766	2,455,112	3,147,878	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	58,487,656	14,004,169	44,483,487	58,487,656	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	58,612,772	14,032,419	44,580,353	58,612,772	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,517,672	1,079,603	3,438,069	4,517,672	16.00
17.00	Special add-on payments for new technologies	54.00	50,956	1,036	49,920	50,956	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			15,113,058	48,068,342	63,181,400	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2018 1:09 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	4,197,408	998,051	3,199,357	4,197,408	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	20,149	10,192	9,957	20,149	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	0.0096	0.0096	0.0096		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	40,295	9,581	30,714	40,295	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0619	0.0619	0.0619		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	259,820	61,779	198,041	259,820	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,517,672	1,079,603	3,438,069	4,517,672	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	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-34,236	-37,323	3,087	-34,236	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	-876,429	-178,886	-697,543	-876,429	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	473,739	473,739	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,115	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,885,750	2.00
3.00	OPPS payments		39,113,529	3.00
4.00	Outlier payment (see instructions)		296,259	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		56,477	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,115	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		86,586	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)		86,586	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)		86,586	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		69,471	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)		17,115	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)		39,466,265	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,210	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,945,540	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)		32,531,630	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		134,127	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)		32,665,757	30.00
31.00	Primary payer payments		1,546	31.00
32.00	Subtotal (line 30 minus line 31)		32,664,211	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)		863,701	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		561,406	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		748,243	36.00
37.00	Subtotal (see instructions)		33,225,617	37.00
38.00	MSP-LCC reconciliation amount from PS&R		44	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)		33,225,573	40.00
40.01	Sequestration adjustment (see instructions)		664,511	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		32,447,468	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		113,594	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		70	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		75	2.00
3.00	OPPS payments		100	3.00
4.00	Outlier payment (see instructions)		0	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		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		70	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		352	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)		352	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)		352	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		282	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)		70	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)		101	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		171	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)		171	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		171	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		171	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		171	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		167	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		79	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		274	2.00
3.00	OPPS payments		184	3.00
4.00	Outlier payment (see instructions)		0	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		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		79	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		399	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)		399	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)		399	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		320	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)		79	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)		185	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		10	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)		254	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)		254	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		254	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		254	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		254	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		249	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2018 1:09 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		55,173,164		32,414,568	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	01/30/2018	32,900	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		32,900	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)		55,173,164		32,447,468	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		554,040		113,594	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		55,727,204		32,561,062	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: 15-0100
Component CCN: 15-S100

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		635,939		167	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)		635,939		167	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		8,779		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		644,718		168	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: 15-0100
Component CCN: 15-T100

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2018 1:09 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,690,222		249	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,690,222		249	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		11,699		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,701,921		249	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: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/27/2018 1:09 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	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/27/2018 1:09 pm
	Title XVIII	Subprovider - IPF	PPS

	1.00	
--	------	--

PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	685,401	1.00
2.00	Net IPF PPS Outlier Payments	44,699	2.00
3.00	Net IPF PPS ECT Payments	23,789	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	11.178082	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	753,889	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	753,889	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	753,889	18.00
19.00	Deductibles	79,608	19.00
20.00	Subtotal (line 18 minus line 19)	674,281	20.00
21.00	Coinsurance	25,346	21.00
22.00	Subtotal (line 20 minus line 21)	648,935	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	13,180	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	8,567	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,155	25.00
26.00	Subtotal (sum of lines 22 and 24)	657,502	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	374	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	657,876	31.00
31.01	Sequestration adjustment (see instructions)	13,158	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	635,939	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	8,779	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	44,699	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,555,707 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0650 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			230,054 3.00
4.00	Outlier Payments			52,679 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.926027 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,838,440 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,838,440 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,838,440 19.00
20.00	Deductibles			54,412 20.00
21.00	Subtotal (line 19 minus line 20)			3,784,028 21.00
22.00	Coinsurance			10,923 22.00
23.00	Subtotal (line 21 minus line 22)			3,773,105 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,537 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,599 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,249 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,776,704 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			766 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,777,470 32.00
32.01	Sequestration adjustment (see instructions)			75,549 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,690,222 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			11,699 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			49,780 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			52,679 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	15,395,479			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	15,395,479		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	15,395,479		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	4,968,081			8.00
9.00	Ancillary service charges	78,628,968		141,563,475	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	83,597,049		141,563,475	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	83,597,049		141,563,475	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	68,201,570		141,563,475	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	15,395,479		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	15,395,479		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	15,395,479		0	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	15,395,479		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0			37.00
38.00	Subtotal (line 36 ± line 37)	15,395,479		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	15,395,479		0	40.00
41.00	Interim payments	15,395,479		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0			42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2018 1:09 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	1,700,489		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,700,489	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,700,489	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	344,130		8.00
9.00	Ancillary service charges	1,584,306	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,928,436	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,928,436	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	227,947	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	1,700,489	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	1,700,489	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,700,489	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	1,700,489	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,700,489	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	1,700,489	0	40.00
41.00	Interim payments	1,700,489	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XIX	Subprovider - IRF	Cost	
		Inpatient 1.00	Outpatient 2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	367,385			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	367,385		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	367,385		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	123,940			8.00
9.00	Ancillary service charges	1,423,176		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,547,116		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	1,547,116		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,179,731		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	367,385		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0		0	24.00
25.00	Capital exception payments (see instructions)	0		0	25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	367,385		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	367,385		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	367,385		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	367,385		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	367,385		0	40.00
41.00	Interim payments	367,385		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/27/2018 1:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			7.29	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	6.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	6.00		17.00
18.00	Per resident amount	110,923.24	105,034.53		18.00
19.00	Approved amount for resident costs	0	630,207	630,207	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			630,207	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	36,687	8,318		26.00
27.00	Total Inpatient Days (see instructions)	71,744	71,744		27.00
28.00	Ratio of inpatient days to total inpatient days	0.511360	0.115940		28.00
29.00	Program direct GME amount	322,263	73,066		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		10,324		30.00
31.00	Net Program direct GME amount			385,005	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,396,099	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		84,107,048	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		14,949	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		84,092,099	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		44,959,842	42.00
43.00	Primary payer payments (see instructions)		1,546	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		44,958,296	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		129,050,395	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.651622	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.348378	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		385,005	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		250,878	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		134,127	50.00

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

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/27/2018 1:09 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	4,731,770	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	220,149,677	0	0	0	4.00
5.00	Other receivable	14,952,615	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-139,202,078	0	0	0	6.00
7.00	Inventory	8,451,717	0	0	0	7.00
8.00	Prepaid expenses	885,533	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	478,576	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	110,447,810	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	8,513,003	0	0	0	13.00
14.00	Accumulated depreciation	-6,841,673	0	0	0	14.00
15.00	Buildings	188,245,078	0	0	0	15.00
16.00	Accumulated depreciation	-147,409,084	0	0	0	16.00
17.00	Leasehold improvements	12,362,225	0	0	0	17.00
18.00	Accumulated depreciation	-8,295,551	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	2,405,654	0	0	0	21.00
22.00	Accumulated depreciation	-1,708,151	0	0	0	22.00
23.00	Major movable equipment	146,978,146	0	0	0	23.00
24.00	Accumulated depreciation	-122,729,777	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	79,256,662	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	527,516	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	24,622,281	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	25,149,797	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	214,854,269	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,502,162	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,328,529	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,806,336	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	50,086,624	0	0	0	43.00
44.00	Other current liabilities	143,071,677	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	219,795,328	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	121,955	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	121,955	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	219,917,283	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-5,063,014				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-5,063,014	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	214,854,269	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/27/2018 1:09 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		-48,978,532		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		57,734,538				2.00
3.00	Total (sum of line 1 and line 2)		8,756,006		0		3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	128,898		0		0	4.00
5.00	OTHER	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		128,898		0		10.00
11.00	Subtotal (line 3 plus line 10)		8,884,904		0		11.00
12.00	TRANSFER TO / FROM AFFILIATES	13,947,918		0		0	12.00
13.00	OTHER	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		13,947,918		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-5,063,014		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	RESTRICTED CONTRIBUTIONS OF PROPERTY		0				4.00
5.00	OTHER		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	TRANSFER TO / FROM AFFILIATES		0				12.00
13.00	OTHER		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: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2018 1:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,976,483		77,976,483	1.00
2.00	SUBPROVIDER - IPF	7,069,280		7,069,280	2.00
3.00	SUBPROVIDER - IRF	4,956,392		4,956,392	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	90,002,155		90,002,155	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	27,495,853		27,495,853	11.00
11.02	NICU	9,339,781		9,339,781	11.02
12.00	CORONARY CARE UNIT	3,437,869		3,437,869	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)	40,273,503		40,273,503	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	130,275,658		130,275,658	17.00
18.00	Ancillary services	599,883,468	806,686,523	1,406,569,991	18.00
19.00	Outpatient services	47,238,988	122,978,658	170,217,646	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		0	0	22.00
23.00	AMBULANCE SERVICES	38,524	9,095,448	9,133,972	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER OPERATING REVENUE	2,511,411	8,519	2,519,930	27.00
27.01	PHYSICIAN'S PRIVATE OFFICES	203,567	5,418,604	5,622,171	27.01
27.02	DME	0	8,399,531	8,399,531	27.02
27.03	CONV CARE	0	15,850,536	15,850,536	27.03
27.04	OTHER (SPECIFY)	0	0	0	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	780,151,616	968,437,819	1,748,589,435	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		470,735,100		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)		470,735,100		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/27/2018 1:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,748,589,435	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,238,419,417	2.00
3.00	Net patient revenues (line 1 minus line 2)	510,170,018	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	470,735,100	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,434,918	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	187,128	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	34,066	17.00
18.00	Revenue from sale of medical records and abstracts	1,790	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	524,162	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	17,855,661	24.00
24.01	OTHER (SPECIFY)	0	24.01
25.00	Total other income (sum of lines 6-24)	18,602,807	25.00
26.00	Total (line 5 plus line 25)	58,037,725	26.00
27.00	NONOPERATING GAINS/LOSSES	303,187	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	303,187	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	57,734,538	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet 1-5 Date/Time Prepared: 11/27/2018 1:09 pm
--	--	-----------------------	---	--

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0100	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/27/2018 1:09 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,197,408	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		20,149	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)		175.59	3.00
4.00	Number of interns & residents (see instructions)		6.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.96	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)		40,295	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.32	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.36	8.00
9.00	Sum of lines 7 and 8		29.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.19	10.00
11.00	Disproportionate share adjustment (see instructions)		259,820	11.00
12.00	Total prospective capital payments (see instructions)		4,517,672	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