

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: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 12/20/2018 4:13 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 12/20/2018 Time: 4:13 pm

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

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

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

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 DECATUR MEMORIAL HOSPITAL (14-0135) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 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	354,208	595,892	0	0	1.00
2.00 Subprovider - IPF	0	18	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	354,226	595,892	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 12/20/2018 4:09 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2300 N. EDWARD ST.			PO Box:				1.00			
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		DECATUR MEMORIAL HOSPITAL	140135	19500	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		DECATUR MEMORIAL HOSPITAL	14S135	19500	4	10/01/2015	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		DMH HHA	147206	19500		01/13/1982	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		DMH HOSPICE	141517	19500		06/30/1988				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)						10/01/2017	09/30/2018		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	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.			3,952	781	0	1	2,084	88		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 12/20/2018 4:09 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
		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 Criteria Code			
		1.00		2.00		3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
					1.00	2.00	3.00		
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)	FAMILY MEDICINE	3600	6.46	6.32	0.505477		65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010			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)	FAMILY MEDICINE	3600	3.77	11.23	0.251333		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
						Inpatient Rehabilitation Facility PPS			
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	76.00

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				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
				Respiratory	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	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: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 12/20/2018 4:09 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			
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.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	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)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 12/20/2018 4:09 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: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Name: 00131		Contractor's Number: 00131				141.00							
142.00	Street: 8115 KNU E ROAD	PO Box:						142.00							
143.00	City: INDIANAPOLIS	State:		Zip Code:		46250		143.00							
144.00 Are provider based physicians' costs included in Worksheet A?															
Y															
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.															
Y															
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.															
N															
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.															
N															
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.															
N															
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.															
N															
		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	N		N		N		N		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		N		161.00					
Multi campus															
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.															
N															
		Name		County		State		Zip Code		CBSA		FTE/Campus			
		0		1.00		2.00		3.00		4.00		5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)														
0.00															
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act															
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.															
Y															
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)															
0															
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)															
0.00															
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)															
0.00															
1.00															
2.00															
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)										07/01/2017		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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)														
N															
0															

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 12/20/2018 4:09 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	C				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/10/2018	Y	12/10/2018		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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-2
Part II
Date/Time Prepared:
12/20/2018 4:09 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					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				Y	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DONALD		HENDRIAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(217) 876-2032		DONH@DMHHS.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 12/20/2018 4:09 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.	DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	150	54,750	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)		150	54,750	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	30	10,950	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		202	73,730	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		222				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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII	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)	15,575	3,348	26,035			1.00
2.00	HMO and other (see instructions)	2,477	2,084				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,575	3,348	26,035			7.00
8.00	INTENSIVE CARE UNIT	2,174	671	5,251			8.00
9.00	CORONARY CARE UNIT	3,149	512	4,009			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		203	1,588			13.00
14.00	Total (see instructions)	20,898	4,734	36,883	15.00	1,752.16	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,813	466	5,074	0.00	27.86	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	16,121	2,107	21,707	0.00	37.22	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	359	29	434	0.00	11.37	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				15.00	1,828.61	27.00
28.00	Observation Bed Days		1,126	5,074			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			650			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	88	169			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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
12/20/2018 4:09 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	4,646	1,372	8,859	1.00
2.00 HMO and other (see instructions)				482	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,646	1,372	8,859	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		241	30	351	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet S-3 Part II Date/Time Prepared: 12/20/2018 4:09 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	131,630,029	0	131,630,029	3,818,138.00	34.47	1.00
2.00	Non-physician anesthetist Part A		5,748,127	0	5,748,127	50,947.00	112.83	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		875,089	0	875,089	6,183.00	141.53	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		23,322,918	0	23,322,918	129,572.00	180.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	871,650	871,650	31,320.00	27.83	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		17,502,142	-2,043,121	15,459,021	419,984.00	36.81	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		4,626,195	0	4,626,195	68,220.00	67.81	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		111,750	0	111,750	471.00	237.26	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		22,806,266	0	22,806,266			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,465,930	0	3,465,930			19.00
20.00	Non-physician anesthetist Part A		707,512	0	707,512			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		97,162	0	97,162			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,570,186	0	2,570,186			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		228,410	0	228,410			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	413,411	0	413,411	16,266.00	25.42	26.00
27.00	Administrative & General	5.00	12,956,030	-337,682	12,618,348	484,257.00	26.06	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
12/20/2018 4:09 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.)		2,330,145	0	2,330,145	14,798.00	157.46	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,278,223	0	1,278,223	63,392.00	20.16	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,581,596	0	1,581,596	124,674.00	12.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,948,481	-1,646,053	302,428	18,528.00	16.32	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,646,053	1,646,053	100,843.00	16.32	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,733,847	337,682	3,071,529	91,488.00	33.57	38.00
39.00	Central Services and Supply	14.00	674,319	0	674,319	35,580.00	18.95	39.00
40.00	Pharmacy	15.00	2,237,770	0	2,237,770	61,116.00	36.62	40.00
41.00	Medical Records & Medical Records Library	16.00	2,019,470	0	2,019,470	85,211.00	23.70	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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
12/20/2018 4:09 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	104,889,129	-871,650	104,017,479	3,621,097.00	28.73	1.00
2.00	Excluded area salaries (see instructions)	17,502,142	-2,043,121	15,459,021	419,984.00	36.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	87,386,987	1,171,471	88,558,458	3,201,113.00	27.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,737,945	0	4,737,945	68,691.00	68.97	4.00
5.00	Subtotal wage-related costs (see inst.)	22,903,428	0	22,903,428	0.00	25.86	5.00
6.00	Total (sum of lines 3 thru 5)	115,028,360	1,171,471	116,199,831	3,269,804.00	35.54	6.00
7.00	Total overhead cost (see instructions)	28,173,292	0	28,173,292	1,096,153.00	25.70	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 12/20/2018 4:09 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,885,667 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			1,099,036 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)			16,369,492 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			576,888 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			166,977 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			796,722 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			439,047 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			8,424,166 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			77,643 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			39,828 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			29,875,466 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: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part V Date/Time Prepared: 12/20/2018 4:09 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0135 Component CCN: 14-7206		Period: From 10/01/2017 To 09/30/2018		Worksheet S-4 Date/Time Prepared: 12/20/2018 4:09 pm PPS	
				Home Health Agency I			
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	617	162	1,411	2,190 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	773.00	203.00	1,767.00	2,743.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel			7.07	0.00	7.07 5.00	
6.00	Direct Nursing Service			19.56	0.00	19.56 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			6.80	0.00	6.80 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			0.81	0.00	0.81 10.00	
11.00	Occupational Therapy Supervisor			0.09	0.00	0.09 11.00	
12.00	Speech Pathology Service			0.00	0.00	0.00 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			1.95	0.00	1.95 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			1.05	0.00	1.05 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			19500		20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,612	1,182	239	137	7,170 21.00	
22.00	Skilled Nursing Visit Charges	1,066,280	224,580	45,410	26,030	1,362,300 22.00	
23.00	Physical Therapy Visits	4,851	182	86	34	5,153 23.00	
24.00	Physical Therapy Visit Charges	921,690	34,580	16,340	6,460	979,070 24.00	
25.00	Occupational Therapy Visits	315	97	3	5	420 25.00	
26.00	Occupational Therapy Visit Charges	59,850	18,430	570	950	79,800 26.00	
27.00	Speech Pathology Visits	70	16	1	0	87 27.00	
28.00	Speech Pathology Visit Charges	13,300	3,040	190	0	16,530 28.00	
29.00	Medical Social Service Visits	34	2	2	2	40 29.00	
30.00	Medical Social Service Visit Charges	6,460	380	380	380	7,600 30.00	
31.00	Home Health Aide Visits	716	176	1	38	931 31.00	
32.00	Home Health Aide Visit Charges	60,860	14,960	85	3,230	79,135 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,598	1,655	332	216	13,801 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,128,440	295,970	62,975	37,050	2,524,435 35.00	
36.00	Total Number of Episodes (standard/non outlier)	822		109	17	948 36.00	
37.00	Total Number of Outlier Episodes		46		1	47 37.00	
38.00	Total Non-Routine Medical Supply Charges	77,136	35,987	4,865	637	118,625 38.00	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0135
Hospice CCN: 14-1517

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
12/20/2018 4:09 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	1,194	8,948	702	10,844	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	30	360	48	438	13.00
14.00	Total Hospice Days	1,224	9,308	750	11,282	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 12/20/2018 4:09 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.232665	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,144,709	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		155,717,869	6.00	
7.00	Medicaid cost (line 1 times line 6)		36,230,098	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)		9,085,389	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)		9,085,389	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)	8,100,699	2,372,466	10,473,165	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,884,749	2,372,466	4,257,215	21.00
22.00	Payments received from patients for amounts previously written off as charity care	130,414	424,883	555,297	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,754,335	1,947,583	3,701,918	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)		20,886,018		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,947,444		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,996,068		27.01
28.00	Non-Medicare bad debt expense (see instructions)		17,889,950		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,210,989		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,912,907		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,998,296		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet A Date/Time Prepared: 12/20/2018 4:09 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		27,376,319	27,376,319	-20,586,817	6,789,502	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	10,225,587	10,225,587	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	413,411	21,305,710	21,719,121	0	21,719,121	4.00
5.00 00500 ADMINI STRATIVE & GENERAL	12,956,030	22,401,653	35,357,683	10,019,824	45,377,507	5.00
7.00 00700 OPERATION OF PLANT	1,278,223	7,449,472	8,727,695	-755	8,726,940	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,071,272	1,071,272	0	1,071,272	8.00
9.00 00900 HOUSEKEEPING	1,581,596	1,121,835	2,703,431	-11,912	2,691,519	9.00
10.00 01000 DIETARY	1,948,481	1,795,097	3,743,578	-3,168,261	575,317	10.00
11.00 01100 CAFETERIA	0	0	0	3,162,529	3,162,529	11.00
13.00 01300 NURSING ADMINISTRATION	2,733,847	1,025,377	3,759,224	313,179	4,072,403	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	674,319	3,467,950	4,142,269	-2,324,814	1,817,455	14.00
15.00 01500 PHARMACY	2,237,770	11,847,136	14,084,906	-11,127,187	2,957,719	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,019,470	2,498,457	4,517,927	-354	4,517,573	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	5,748,127	5,748,127	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	871,650	871,650	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,527,973	4,527,973	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	471,050	49,667	520,717	0	520,717	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,778,868	2,274,808	12,053,676	-465,914	11,587,762	30.00
31.00 03100 INTENSIVE CARE UNIT	3,226,647	1,025,840	4,252,487	-144,778	4,107,709	31.00
32.00 03200 CORONARY CARE UNIT	2,366,462	972,188	3,338,650	-46,862	3,291,788	32.00
40.00 04000 SUBPROVIDER - IPF	1,398,112	1,238,829	2,636,941	-28,269	2,608,672	40.00
43.00 04300 NURSERY	0	33,163	33,163	-30,004	3,159	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,515,913	17,997,599	23,513,512	-15,892,563	7,620,949	50.00
50.01 05001 ORTHO MEDICAL	100,322	104,602	204,924	-95,877	109,047	50.01
51.00 05100 RECOVERY ROOM	759,394	79,776	839,170	-7,964	831,206	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	16,423	16,423	258,218	274,641	52.00
53.00 05300 ANESTHESIOLOGY	6,125,474	943,585	7,069,059	-5,956,667	1,112,392	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,814,805	8,272,270	14,087,075	-765,907	13,321,168	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,393,231	1,606,479	2,999,710	-49,416	2,950,294	55.00
60.00 06000 LABORATORY	2,910,052	5,071,160	7,981,212	-1,146,434	6,834,778	60.00
65.00 06500 RESPIRATORY THERAPY	1,075,890	219,203	1,295,093	-91,145	1,203,948	65.00
66.00 06600 PHYSICAL THERAPY	2,732,098	713,889	3,445,987	579,552	4,025,539	66.00
67.00 06700 OCCUPATIONAL THERAPY	421,355	53,223	474,578	-11,480	463,098	67.00
68.00 06800 SPEECH PATHOLOGY	286,418	35,275	321,693	-5,330	316,363	68.00
69.00 06900 ELECTROCARDIOLOGY	2,363,892	556,702	2,920,594	-33,203	2,887,391	69.00
69.01 06901 CATH LAB	707,595	4,111,638	4,819,233	-3,778,102	1,041,131	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	570,792	234,903	805,695	-71,494	734,201	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,769,632	5,769,632	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,125,824	22,125,824	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	10,614,468	10,614,468	73.00
74.00 07400 RENAL DIALYSIS	0	452,233	452,233	-4,678	447,555	74.00
75.00 07500 ASC (NON-DISTINCT PART)	2,741,388	2,139,590	4,880,978	-1,439,020	3,441,958	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	86,092	1,180,698	1,266,790	-147,555	1,119,235	90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	2,495,331	977,219	3,472,550	-76,575	3,395,975	90.01
90.02 09002 DMG PHYSICIAN GROUP	33,892,244	13,984,804	47,877,048	3,636,789	51,513,837	90.02
91.00 09100 EMERGENCY	2,920,477	3,988,173	6,908,650	-178,504	6,730,146	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	2,538,901	564,574	3,103,475	-51,991	3,051,484	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	753,398	440,500	1,193,898	-3,481	1,190,417	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	119,289,348	170,699,291	289,988,639	10,110,039	300,098,678	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,602	608,600	731,202	0	731,202	190.00
190.01 19001 SIU CLINIC	871,650	4,826,570	5,698,220	-5,399,623	298,597	190.01
190.02 19002 WOMEN'S CENTER	72,480	30,255	102,735	0	102,735	190.02
190.03 19011 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04 19004 NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05 19005 RENTAL PROPERTY	0	665	665	0	665	190.05
190.06 19006 DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07 19007 DMH MEDICAL EQUIPMENT	531,936	1,411,032	1,942,968	0	1,942,968	190.07
190.08 19008 PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09 19009 SHORE	0	53,649	53,649	0	53,649	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
12/20/2018 4:09 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		
190.12	19012	CCOP FISCAL INTERMEDIARY	170,305	2,923,114	3,093,419	0	3,093,419	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	171,744	287,255	458,999	0	458,999	190.14
190.15	19015	CORPORATE HEALTH	1,700,513	1,537,232	3,237,745	0	3,237,745	190.15
190.16	19016	CANCER CARE INSTITUTE	218,831	101,132	319,963	0	319,963	190.16
190.17	19017	INTEGRATED CENTER	544,987	650,642	1,195,629	-594,645	600,984	190.17
190.18	19019	340B ADMINISTRATION	114,658	1,123,183	1,237,841	0	1,237,841	190.18
191.00	19100	RESEARCH	829,837	143,733	973,570	0	973,570	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,991,138	7,618,390	14,609,528	-4,115,771	10,493,757	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	131,630,029	192,014,743	323,644,772	0	323,644,772	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
12/20/2018 4:09 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	0	6,789,502	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	10,225,587	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,912,369	13,806,752	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,842,792	32,534,715	5.00
7.00	00700	OPERATION OF PLANT	-296	8,726,644	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,071,272	8.00
9.00	00900	HOUSEKEEPING	0	2,691,519	9.00
10.00	01000	DIETARY	-11,519	563,798	10.00
11.00	01100	CAFETERIA	-2,090,045	1,072,484	11.00
13.00	01300	NURSING ADMINISTRATION	-46,307	4,026,096	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,817,455	14.00
15.00	01500	PHARMACY	0	2,957,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-95,862	4,421,711	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-5,748,127	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	871,650	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,527,973	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-478,305	42,412	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,752	11,580,010	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,107,709	31.00
32.00	03200	CORONARY CARE UNIT	-210	3,291,578	32.00
40.00	04000	SUBPROVIDER - I PF	0	2,608,672	40.00
43.00	04300	NURSERY	0	3,159	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-37,984	7,582,965	50.00
50.01	05001	ORTHO MEDICAL	0	109,047	50.01
51.00	05100	RECOVERY ROOM	0	831,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	274,641	52.00
53.00	05300	ANESTHESIOLOGY	-415,824	696,568	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-71,839	13,249,329	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-15,691	2,934,603	55.00
60.00	06000	LABORATORY	0	6,834,778	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,203,948	65.00
66.00	06600	PHYSICAL THERAPY	-64,019	3,961,520	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	463,098	67.00
68.00	06800	SPEECH PATHOLOGY	0	316,363	68.00
69.00	06900	ELECTROCARDIOLOGY	-9,247	2,878,144	69.00
69.01	06901	CATH LAB	0	1,041,131	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,467	729,734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-237,670	5,531,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,125,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,614,468	73.00
74.00	07400	RENAL DIALYSIS	0	447,555	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,441,958	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-21,932	1,097,303	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	-621,175	2,774,800	90.01
90.02	09002	DMG PHYSICIAN GROUP	-26,857,757	24,656,080	90.02
91.00	09100	EMERGENCY	-3,264,738	3,465,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-748	3,050,736	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	1,190,417	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-60,856,675	239,242,003	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	731,202	190.00
190.01	19001	SIU CLINIC	0	298,597	190.01
190.02	19002	WOMEN'S CENTER	0	102,735	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	665	190.05
190.06	19006	DECATUR DISTRICTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,942,968	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	190.08
190.09	19009	SHORE	0	53,649	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,093,419	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	458,999	190.14
190.15	19015	CORPORATE HEALTH	0	3,237,745	190.15
190.16	19016	CANCER CARE INSTITUTE	0	319,963	190.16
190.17	19017	INTEGRATED CENTER	0	600,984	190.17
190.18	19019	340B ADMINISTRATION	0	1,237,841	190.18
191.00	19100	RESEARCH	0	973,570	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,493,757	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-60,856,675	262,788,097	200.00

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
12/20/2018 4:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,222,728	1.00
2.00		0.00	0	0	2.00
				10,222,728	
B - CAPA-STATE BED TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,364,254	1.00
				10,364,254	
C - ANESTHESIA - RN SALARY					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	5,748,127	0	1.00
			5,748,127	0	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,614,468	1.00
				10,614,468	
E - MEDICAL EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	871,650	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,527,973	2.00
			871,650	4,527,973	
F - HHA DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	165	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,859	2.00
				3,024	
G - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,646,053	1,516,476	1.00
			1,646,053	1,516,476	
H - CHIEF NURSING SALARY					
1.00	NURSING ADMINISTRATION	13.00	337,682	0	1.00
			337,682	0	
I - INTEGRATIVE CENTER					
1.00	PHYSICAL THERAPY	66.00	306,355	288,290	1.00
			306,355	288,290	
J - PROVIDER BASED PHYSICIANS					
1.00	ADULTS & PEDIATRICS	30.00	70,666	0	1.00
			70,666	0	
K - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	240,959	32,807	1.00
			240,959	32,807	
L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,748	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	755	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,912	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,732	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,503	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,324,814	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	512,719	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	354	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	262,814	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	144,778	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	46,862	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	28,269	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,004	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,892,563	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	95,877	15.00
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,964	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,548	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	208,540	18.00

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
12/20/2018 4:09 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	765,907	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,416	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,146,434	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	91,145	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,093	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,480	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,330	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,203	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,778,102	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	71,494	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,678	29.00	
30.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,439,020	30.00	
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	147,555	31.00	
32.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	76,575	32.00	
33.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	408,316	33.00	
34.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	178,504	34.00	
35.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	48,967	35.00	
36.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,481	36.00	
			0	27,895,456		
M - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	22,125,824	1.00	
			0	22,125,824		
N - PROVIDER BASED PHYSICIANS						
1.00	DMG PHYSICIAN GROUP	90.02	794,450	3,250,655	1.00	
	TOTALS		794,450	3,250,655		
500.00	Grand Total: Increases		10,015,942	90,841,955	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
12/20/2018 4:09 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAPITAL RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,222,728	9		1.00
2.00		0.00	0	0	9		2.00
	O		0	10,222,728			
B - CAPA-STATE BED TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,364,254	13		1.00
	O		0	10,364,254			
C - ANESTHESIA - RN SALARY							
1.00	ANESTHESIOLOGY	53.00	5,748,127	0	0		1.00
	O		5,748,127	0			
D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	10,614,468	0		1.00
	O		0	10,614,468			
E - MEDICAL EDUCATION							
1.00	SIU CLINIC	190.01	871,650	0	0		1.00
2.00	SIU CLINIC	190.01	0	4,527,973	0		2.00
	O		871,650	4,527,973			
F - HHA DEPRECIATION							
1.00	HOME HEALTH AGENCY	101.00	0	165	9		1.00
2.00	HOME HEALTH AGENCY	101.00	0	2,859	9		2.00
	O		0	3,024			
G - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,646,053	1,516,476	0		1.00
	O		1,646,053	1,516,476			
H - CHIEF NURSING SALARY							
1.00	ADMINISTRATIVE & GENERAL	5.00	337,682	0	0		1.00
	O		337,682	0			
I - INTEGRATIVE CENTER							
1.00	INTEGRATED CENTER	190.17	306,355	288,290	0		1.00
	O		306,355	288,290			
J - PROVIDER BASED PHYSICIANS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	70,666	0	0		1.00
	O		70,666	0			
K - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	240,959	32,807	0		1.00
	O		240,959	32,807			
L - MEDICAL SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,748	0		1.00
2.00	OPERATION OF PLANT	7.00	0	755	0		2.00
3.00	HOUSEKEEPING	9.00	0	11,912	0		3.00
4.00	DIETARY	10.00	0	5,732	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	24,503	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,324,814	0		6.00
7.00	PHARMACY	15.00	0	512,719	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	354	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	262,814	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	144,778	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	46,862	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	28,269	0		12.00
13.00	NURSERY	43.00	0	30,004	0		13.00
14.00	OPERATING ROOM	50.00	0	15,892,563	0		14.00
15.00	ORTHO MEDICAL	50.01	0	95,877	0		15.00
16.00	RECOVERY ROOM	51.00	0	7,964	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,548	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	208,540	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	765,907	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	49,416	0		20.00
21.00	LABORATORY	60.00	0	1,146,434	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	91,145	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	15,093	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	11,480	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	5,330	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	33,203	0		26.00
27.00	CATH LAB	69.01	0	3,778,102	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	71,494	0		28.00
29.00	RENAL DIALYSIS	74.00	0	4,678	0		29.00
30.00	ASC (NON-DISTINCT PART)	75.00	0	1,439,020	0		30.00
31.00	CLINIC	90.00	0	147,555	0		31.00
32.00	DMG EXPRESS CARE PHYSICIAN GROUP	90.01	0	76,575	0		32.00
33.00	DMG PHYSICIAN GROUP	90.02	0	408,316	0		33.00
34.00	EMERGENCY	91.00	0	178,504	0		34.00
35.00	HOME HEALTH AGENCY	101.00	0	48,967	0		35.00
36.00	HOSPICE	116.00	0	3,481	0		36.00

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
12/20/2018 4:09 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
		0	27,895,456			
M - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	22,125,824	0	1.00
			0	22,125,824		
N - PROVIDER BASED PHYSICIANS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	794,450	3,250,655	0	1.00
	TOTALS		794,450	3,250,655		
500.00	Grand Total: Decreases		10,015,942	90,841,955		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
12/20/2018 4:09 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	1,337,264	0	0	0	0	1.00
2.00	Land Improvements	9,365,944	231,317	0	231,317	0	2.00
3.00	Buildings and Fixtures	183,157,817	2,858,596	0	2,858,596	0	3.00
4.00	Building Improvements	2,823,611	393,342	0	393,342	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	245,825,473	5,777,287	0	5,777,287	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	442,510,109	9,260,542	0	9,260,542	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	442,510,109	9,260,542	0	9,260,542	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,337,264	0				1.00
2.00	Land Improvements	9,597,261	0				2.00
3.00	Buildings and Fixtures	186,016,413	0				3.00
4.00	Building Improvements	3,216,953	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	251,602,760	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	451,770,651	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	451,770,651	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
12/20/2018 4:09 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	16,723,551	0	261,107	0	10,364,254	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,723,551	0	261,107	0	10,364,254	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	27,407	27,376,319				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	27,407	27,376,319				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
12/20/2018 4:09 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	200,167,890	0	200,167,890	0.443074	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	251,602,760	0	251,602,760	0.556926	0	2.00
3.00	Total (sum of lines 1-2)	451,770,650	0	451,770,650	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	6,500,988	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,225,587	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,726,575	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	261,107	0	0	27,407	6,789,502	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,225,587	2.00
3.00	Total (sum of lines 1-2)	261,107	0	0	27,407	17,015,089	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	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)	B	-1,075		ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-237,670		MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	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	-30,571,209				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,063,419		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-95,862		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-26,626		CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-5,748,127		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 A&G - OTHER REVENUE	B	-1,418,957		ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 MISC TELEPHONE REVENUE	B	-94,538	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 MISC ACCOUNTING REVENUE	B	-97,802	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 OPERATION OF PLANT - OTHER REV	B	-296	OPERATION OF PLANT		7.00	0 33.03
33.04 DIET-OTHER REVENUE	B	-11,519	DIETARY		10.00	0 33.04
33.05 NURSING ADMIN - OTHER REVENUE	B	-46,307	NURSING ADMINISTRATION		13.00	0 33.05
33.06 PEDS-OTHER REVENUE	B	-4,563	ADULTS & PEDIATRICS		30.00	0 33.06
33.07 OBGY-OTHER REVENUE	B	-930	ADULTS & PEDIATRICS		30.00	0 33.07
33.08 RENT INCOME	B		OPERATING ROOM		50.00	0 33.08
33.09 XRAY-OTHER REVENUE	B	-71,229	RADIOLOGY-DIAGNOSTIC		54.00	0 33.09
33.10 SIUR-OTHER REVENUE	B	-1,600	CLINIC		90.00	0 33.10
33.11 CANC-OTHER REVENUE	B	-12,812	RADIOLOGY-THERAPEUTIC		55.00	0 33.11
33.12 SPOR-OTHER REVENUE	B	-62,752	PHYSICAL THERAPY		66.00	0 33.12
33.13 DMG - OTHER REVENUE	B	-174,793	DMG PHYSICIAN GROUP		90.02	0 33.13
33.14 ER - OTHER REVENUE	B	-69,310	EMERGENCY		91.00	0 33.14
33.15 CRNA TUITION FEES	B	-478,305	PARAMED ED PRGM-(SPECIFY)		23.00	0 33.15
33.16 NON-ALLOWABLE DUES	A	-729	ADMINISTRATIVE & GENERAL		5.00	0 33.16
33.17 HOSPITAL LOBBYING DUES	A	-88,642	ADMINISTRATIVE & GENERAL		5.00	0 33.17
33.18 HOME CARE & HOSPICE LOBBYING DUES	A	-748	HOME HEALTH AGENCY		101.00	0 33.18
33.19 ADVERTISING	A	-721,447	ADMINISTRATIVE & GENERAL		5.00	0 33.19
33.20 CARDIOLOGY ADVERTISING	A	-210	CORONARY CARE UNIT		32.00	0 33.20
33.21 URGENT CARE ADVERTISING	A	-1,500	DMG EXPRESS CARE PHYSICIAN GROUP		90.01	0 33.21
33.22 DMG ADVERTISING	A	-5,903	DMG PHYSICIAN GROUP		90.02	0 33.22
33.23 NON-ALLOWABLE MARKETING	A	-148,136	ADMINISTRATIVE & GENERAL		5.00	0 33.23
33.24 CRNA BENEFITS	A	-291,689	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.24
33.25 CRNA ACCRUALS	A	-107,563	ANESTHESIOLOGY		53.00	0 33.25
33.26 CRNA FICA	A	-308,261	ANESTHESIOLOGY		53.00	0 33.26
33.27 ILLINOIS PROVIDER TAX EXP	A	-10,271,466	ADMINISTRATIVE & GENERAL		5.00	0 33.27
33.28 SELF INSURANCE	A	-7,620,680	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.28
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-60,856,675				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
12/20/2018 4:09 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	30.00	DR. C	2,775	0	2,775	179,000	13	1.00
2.00	30.00	ADULTS & PEDIATRICS	603	603	0	179,000	0	2.00
3.00	30.00	DR. I	21,333	0	21,333	179,000	277	3.00
4.00	30.00	DR. N	23,333	0	23,333	179,000	303	4.00
5.00	30.00	DR. P	26,000	0	26,000	179,000	338	5.00
6.00	66.00	DR. C	2,128	0	2,128	179,000	10	6.00
7.00	70.00	DR. C	2,128	0	2,128	179,000	10	7.00
8.00	90.00	DR. B	4,400	0	4,400	179,000	22	8.00
9.00	90.01	DR. G	641,342	619,675	21,667	179,000	520	9.00
10.00	90.02	DMG PHYSICIAN GROUP	781,739	781,739	0	179,000	0	10.00
11.00	90.02	DMG PHYSICIAN GROUP	13,928	13,928	0	179,000	0	11.00
12.00	90.02	DMG PHYSICIAN GROUP	836,416	836,416	0	179,000	0	12.00
13.00	90.02	DMG PHYSICIAN GROUP	1,097,199	1,097,199	0	179,000	0	13.00
14.00	90.02	DMG PHYSICIAN GROUP	281,810	281,810	0	179,000	0	14.00
15.00	90.02	DMG PHYSICIAN GROUP	328,546	328,546	0	179,000	0	15.00
16.00	90.02	DMG PHYSICIAN GROUP	467,083	467,083	0	179,000	0	16.00
17.00	90.02	DR. H	1,850,839	1,611,339	239,500	179,000	1,478	17.00
18.00	90.02	DR. Q	83,083	0	83,083	179,000	312	18.00
19.00	90.02	DR. D	60,000	0	60,000	179,000	312	19.00
20.00	90.02	DR. M	345,093	326,343	18,750	179,000	235	20.00
21.00	90.02	DR. J	3,990,522	3,928,022	62,500	179,000	260	21.00
22.00	90.02	DMG PHYSICIAN GROUP	226,660	226,660	0	179,000	0	22.00
23.00	90.02	DMG PHYSICIAN GROUP	475,042	475,042	0	179,000	0	23.00
24.00	90.02	DR. DO	328,546	228,546	100,000	179,000	442	24.00
25.00	90.02	DR. S	2,865,414	2,792,081	73,333	179,000	360	25.00
26.00	90.02	DMG PHYSICIAN GROUP	3,266,990	3,266,990	0	179,000	0	26.00
27.00	90.02	DMG PHYSICIAN GROUP	378,135	378,135	0	179,000	0	27.00
28.00	90.02	DMG PHYSICIAN GROUP	25,385	25,385	0	179,000	0	28.00
29.00	90.02	DMG PHYSICIAN GROUP	557,355	557,355	0	179,000	0	29.00
30.00	90.02	DMG PHYSICIAN GROUP	476,549	476,549	0	179,000	0	30.00
31.00	90.02	DMG PHYSICIAN GROUP	562,871	562,871	0	179,000	0	31.00
32.00	90.02	DR. W	240,000	200,000	40,000	179,000	355	32.00
33.00	90.02	DR. A	2,243,454	2,218,454	25,000	179,000	364	33.00
34.00	90.02	DR. V	25,000	0	25,000	179,000	364	34.00
35.00	90.02	DMG PHYSICIAN GROUP	1,401,221	1,401,221	0	179,000	0	35.00
36.00	91.00	EMERGENCY	220,929	220,929	0	179,000	0	36.00
37.00	91.00	DR. G	44,160	0	44,160	179,000	208	37.00
38.00	50.00	OPERATING ROOM	5,060	5,060	0	246,400	0	38.00
39.00	50.00	DR. T	61,355	1,355	60,000	246,400	240	39.00
40.00	54.00	RADIOLOGY-DIAGNOSTIC	610	610	0	271,900	0	40.00
41.00	55.00	DR. DE	8,500	0	8,500	271,900	43	41.00
42.00	69.00	DR. R	17,250	0	17,250	179,000	93	42.00
43.00	70.00	ELECTROENCEPHALOGRAPHY	3,200	3,200	0	179,000	0	43.00
44.00	90.00	DR. FZ	26,000	0	26,000	179,000	95	44.00
45.00	90.02	DMG PHYSICIAN GROUP	255,192	255,192	0	179,000	0	45.00
46.00	90.02	DMG PHYSICIAN GROUP	569,156	569,156	0	179,000	0	46.00
47.00	90.02	DMG PHYSICIAN GROUP	75,094	75,094	0	179,000	0	47.00
48.00	90.02	DMG PHYSICIAN GROUP	1,266,044	1,266,044	0	179,000	0	48.00
49.00	90.02	DMG PHYSICIAN GROUP	224,250	224,250	0	179,000	0	49.00
50.00	90.02	DMG PHYSICIAN GROUP	1,450,032	1,450,032	0	179,000	0	50.00
51.00	91.00	EMERGENCY	2,948,239	2,948,239	0	179,000	0	51.00
200.00			31,107,993	30,121,153	986,840		6,654	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. C	1,119	56	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	30.00	DR. I	23,838	1,192	0	0	0	3.00
4.00	30.00	DR. N	26,075	1,304	0	0	0	4.00
5.00	30.00	DR. P	29,088	1,454	0	0	0	5.00
6.00	66.00	DR. C	861	43	0	0	0	6.00
7.00	70.00	DR. C	861	43	0	0	0	7.00
8.00	90.00	DR. B	1,893	95	0	0	0	8.00
9.00	90.01	DR. G	44,750	2,238	0	0	0	9.00
10.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	10.00
11.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	11.00
12.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	12.00
13.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	13.00
14.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	14.00
15.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	15.00
16.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
12/20/2018 4:09 pm

	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	
17.00	90.02	DR. H	127,193	6,360	0	0	0	17.00
18.00	90.02	DR. Q	26,850	1,343	0	0	0	18.00
19.00	90.02	DR. D	26,850	1,343	0	0	0	19.00
20.00	90.02	DR. M	20,224	1,011	0	0	0	20.00
21.00	90.02	DR. J	22,375	1,119	0	0	0	21.00
22.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	22.00
23.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	23.00
24.00	90.02	DR. DO	38,038	1,902	0	0	0	24.00
25.00	90.02	DR. S	30,981	1,549	0	0	0	25.00
26.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	26.00
27.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	27.00
28.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	28.00
29.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	29.00
30.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	30.00
31.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	31.00
32.00	90.02	DR. W	30,550	1,528	0	0	0	32.00
33.00	90.02	DR. A	31,325	1,566	0	0	0	33.00
34.00	90.02	DR. V	31,325	1,566	0	0	0	34.00
35.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	35.00
36.00	91.00	EMERGENCY	0	0	0	0	0	36.00
37.00	91.00	DR. G	17,900	895	0	0	0	37.00
38.00	50.00	OPERATING ROOM	0	0	0	0	0	38.00
39.00	50.00	DR. T	28,431	1,422	0	0	0	39.00
40.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	40.00
41.00	55.00	DR. DE	5,621	281	0	0	0	41.00
42.00	69.00	DR. R	8,003	400	0	0	0	42.00
43.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	43.00
44.00	90.00	DR. FZ	8,175	409	0	0	0	44.00
45.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	45.00
46.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	46.00
47.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	47.00
48.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	48.00
49.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	49.00
50.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	50.00
51.00	91.00	EMERGENCY	0	0	0	0	0	51.00
200.00			582,326	29,119	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. C	0	1,119	1,656	1,656		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	603		2.00
3.00	30.00	DR. I	0	23,838	0	0		3.00
4.00	30.00	DR. N	0	26,075	0	0		4.00
5.00	30.00	DR. P	0	29,088	0	0		5.00
6.00	66.00	DR. C	0	861	1,267	1,267		6.00
7.00	70.00	DR. C	0	861	1,267	1,267		7.00
8.00	90.00	DR. B	0	1,893	2,507	2,507		8.00
9.00	90.01	DR. G	0	44,750	0	619,675		9.00
10.00	90.02	DMG PHYSICIAN GROUP	0	0	0	781,739		10.00
11.00	90.02	DMG PHYSICIAN GROUP	0	0	0	13,928		11.00
12.00	90.02	DMG PHYSICIAN GROUP	0	0	0	836,416		12.00
13.00	90.02	DMG PHYSICIAN GROUP	0	0	0	1,097,199		13.00
14.00	90.02	DMG PHYSICIAN GROUP	0	0	0	281,810		14.00
15.00	90.02	DMG PHYSICIAN GROUP	0	0	0	328,546		15.00
16.00	90.02	DMG PHYSICIAN GROUP	0	0	0	467,083		16.00
17.00	90.02	DR. H	0	127,193	112,307	1,723,646		17.00
18.00	90.02	DR. Q	0	26,850	56,233	56,233		18.00
19.00	90.02	DR. D	0	26,850	33,150	33,150		19.00
20.00	90.02	DR. M	0	20,224	0	326,343		20.00
21.00	90.02	DR. J	0	22,375	40,125	3,968,147		21.00
22.00	90.02	DMG PHYSICIAN GROUP	0	0	0	226,660		22.00
23.00	90.02	DMG PHYSICIAN GROUP	0	0	0	475,042		23.00
24.00	90.02	DR. DO	0	38,038	61,962	290,508		24.00
25.00	90.02	DR. S	0	30,981	42,352	2,834,433		25.00
26.00	90.02	DMG PHYSICIAN GROUP	0	0	0	3,266,990		26.00
27.00	90.02	DMG PHYSICIAN GROUP	0	0	0	378,135		27.00
28.00	90.02	DMG PHYSICIAN GROUP	0	0	0	25,385		28.00
29.00	90.02	DMG PHYSICIAN GROUP	0	0	0	557,355		29.00
30.00	90.02	DMG PHYSICIAN GROUP	0	0	0	476,549		30.00
31.00	90.02	DMG PHYSICIAN GROUP	0	0	0	562,871		31.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
12/20/2018 4:09 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		
32.00	90.02	DR. W	0	30,550	9,450	209,450		32.00
33.00	90.02	DR. A	0	31,325	0	2,218,454		33.00
34.00	90.02	DR. V	0	31,325	0	0		34.00
35.00	90.02	DMG PHYSICIAN GROUP	0	0	0	1,401,221		35.00
36.00	91.00	EMERGENCY	0	0	0	220,929		36.00
37.00	91.00	DR. G	0	17,900	26,260	26,260		37.00
38.00	50.00	OPERATING ROOM	0	0	0	5,060		38.00
39.00	50.00	DR. T	0	28,431	31,569	32,924		39.00
40.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	610		40.00
41.00	55.00	DR. DE	0	5,621	2,879	2,879		41.00
42.00	69.00	DR. R	0	8,003	9,247	9,247		42.00
43.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	3,200		43.00
44.00	90.00	DR. FZ	0	8,175	17,825	17,825		44.00
45.00	90.02	DMG PHYSICIAN GROUP	0	0	0	255,192		45.00
46.00	90.02	DMG PHYSICIAN GROUP	0	0	0	569,156		46.00
47.00	90.02	DMG PHYSICIAN GROUP	0	0	0	75,094		47.00
48.00	90.02	DMG PHYSICIAN GROUP	0	0	0	1,266,044		48.00
49.00	90.02	DMG PHYSICIAN GROUP	0	0	0	224,250		49.00
50.00	90.02	DMG PHYSICIAN GROUP	0	0	0	1,450,032		50.00
51.00	91.00	EMERGENCY	0	0	0	2,948,239		51.00
200.00			0	582,326	450,056	30,571,209		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,789,502	6,789,502			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,225,587		10,225,587		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,806,752	61,515	0	13,868,267	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,534,715	517,044	3,920,010	2,129,908	5.00
7.00 00700	OPERATION OF PLANT	8,726,644	416,209	280,616	215,758	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,071,272	90,857	0	0	8.00
9.00 00900	HOUSEKEEPING	2,691,519	835,955	10,365	266,965	9.00
10.00 01000	DIETARY	563,798	429,494	78,714	51,048	10.00
11.00 01100	CAFETERIA	1,072,484	0	0	277,846	11.00
13.00 01300	NURSING ADMINISTRATION	4,026,096	79,421	305,601	518,459	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,817,455	224,053	138,251	113,822	14.00
15.00 01500	PHARMACY	2,957,719	33,790	44,326	377,724	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,421,711	53,573	5,964	340,876	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	871,650	0	0	147,130	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,527,973	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	42,412	0	0	79,511	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,580,010	969,676	87,526	1,621,879	30.00
31.00 03100	INTENSIVE CARE UNIT	4,107,709	153,961	81,009	544,642	31.00
32.00 03200	CORONARY CARE UNIT	3,291,578	150,004	4,805	399,447	32.00
40.00 04000	SUBPROVIDER - IPF	2,608,672	181,007	8,263	235,994	40.00
43.00 04300	NURSERY	3,159	18,151	7,388	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,582,965	579,267	2,039,738	931,059	50.00
50.01 05001	ORTHO MEDICAL	109,047	16,779	1,879	16,934	50.01
51.00 05100	RECOVERY ROOM	831,206	28,158	4,637	128,182	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	274,641	35,797	0	40,673	52.00
53.00 05300	ANESTHESIOLOGY	696,568	29,342	216,852	63,694	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,249,329	479,384	1,116,875	981,510	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,934,603	106,294	76,623	235,170	55.00
60.00 06000	LABORATORY	6,834,778	150,149	264,483	491,202	60.00
65.00 06500	RESPIRATORY THERAPY	1,203,948	0	34,124	181,605	65.00
66.00 06600	PHYSICAL THERAPY	3,961,520	131,102	21,462	461,164	66.00
67.00 06700	OCCUPATIONAL THERAPY	463,098	8,144	5,774	71,123	67.00
68.00 06800	SPEECH PATHOLOGY	316,363	9,646	0	48,346	68.00
69.00 06900	ELECTROCARDIOLOGY	2,878,144	156,141	308,734	399,013	69.00
69.01 06901	CATH LAB	1,041,131	165,123	335,701	119,438	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	729,734	25,299	57,007	96,347	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,531,962	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	22,125,824	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,614,468	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	447,555	0	14,000	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	3,441,958	67,941	173,320	462,733	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,097,303	0	20,009	14,532	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,774,800	0	11,637	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	24,656,080	0	222,791	0	90.02
91.00 09100	EMERGENCY	3,465,408	433,205	73,007	492,962	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,050,736	59,118	2,777	428,554	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	1,190,417	0	0	127,170	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	239,242,003	6,695,599	9,974,268	13,112,420	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	731,202	50,367	2,584	20,695	190.00
190.01 19001	SIU CLINIC	298,597	0	277	0	190.01
190.02 19002	WOMEN'S CENTER	102,735	0	0	12,234	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	665	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	1,942,968	0	64,950	89,788	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	11,364	0	0	190.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 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	
190.09 19009 SHORE	53,649	0	0	0	53,649	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	192	0	192	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	3,093,419	0	33	28,747	3,122,199	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	458,999	0	0	28,990	487,989	190.14
190.15 19015 CORPORATE HEALTH	3,237,745	0	45,745	287,038	3,570,528	190.15
190.16 19016 CANCER CARE INSTITUTE	319,963	6,931	40,272	36,938	404,104	190.16
190.17 19017 INTEGRATED CENTER	600,984	0	5,181	91,991	698,156	190.17
190.18 19019 340B ADMINISTRATION	1,237,841	0	0	19,354	1,257,195	190.18
191.00 19100 RESEARCH	973,570	25,241	4,809	140,072	1,143,692	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	10,493,757	0	87,276	0	10,581,033	192.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	262,788,097	6,789,502	10,225,587	13,868,267	262,788,097	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 12/20/2018 4:09 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	39,101,677				5.00
7.00	00700	OPERATION OF PLANT	1,684,995	11,324,222			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	203,147	177,556	1,542,832		8.00
9.00	00900	HOUSEKEEPING	665,103	1,633,646	0	6,103,553	9.00
10.00	01000	DIETARY	196,317	839,328	67	538,513	2,697,279
11.00	01100	CAFETERIA	236,046	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	861,720	155,206	0	99,580	0
14.00	01400	CENTRAL SERVICES & SUPPLY	400,932	437,851	0	280,925	0
15.00	01500	PHARMACY	596,711	66,033	0	42,367	0
16.00	01600	MEDICAL RECORDS & LIBRARY	842,936	104,694	0	67,171	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	178,089	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	791,517	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	21,313	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,492,575	1,894,954	313,530	1,215,804	1,690,805
31.00	03100	INTENSIVE CARE UNIT	854,333	300,875	149,507	193,041	202,440
32.00	03200	CORONARY CARE UNIT	672,275	293,142	96,120	188,080	254,584
40.00	04000	SUBPROVIDER - I/PF	530,350	353,729	0	226,953	309,570
43.00	04300	NURSERY	5,017	35,472	10,255	22,759	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,946,120	1,132,019	224,336	726,303	17,688
50.01	05001	ORTHO MEDICAL	25,284	32,791	0	21,039	0
51.00	05100	RECOVERY ROOM	173,440	55,028	43,122	35,306	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,376	69,956	0	44,884	0
53.00	05300	ANESTHESIOLOGY	175,935	57,342	0	36,790	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,766,672	936,826	251,876	601,067	19,017
55.00	05500	RADIOLOGY-THERAPEUTIC	586,070	207,723	31,452	133,275	0
60.00	06000	LABORATORY	1,353,105	293,425	0	188,261	0
65.00	06500	RESPIRATORY THERAPY	248,168	0	0	0	0
66.00	06600	PHYSICAL THERAPY	799,781	256,203	47,197	164,380	0
67.00	06700	OCCUPATIONAL THERAPY	95,818	15,916	0	10,212	0
68.00	06800	SPEECH PATHOLOGY	65,440	18,851	0	12,094	0
69.00	06900	ELECTROCARDIOLOGY	654,130	305,136	91,189	195,775	0
69.01	06901	CATH LAB	290,421	322,688	0	207,037	12,964
70.00	07000	ELECTROENCEPHALOGRAPHY	158,791	49,440	41,311	31,721	245
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	967,020	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,867,727	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,855,473	0	0	0	0
74.00	07400	RENAL DIALYSIS	80,683	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	724,737	132,772	96,324	85,186	111,342
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	197,853	0	6,629	0	0
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	487,086	0	2,038	0	0
90.02	09002	DMG PHYSICIAN GROUP	4,348,922	0	3,330	0	0
91.00	09100	EMERGENCY	780,436	846,580	112,932	543,166	78,624
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	619,020	115,530	0	74,124	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	230,322	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,793,206	11,140,712	1,521,215	5,985,813	2,697,279
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,692	98,429	0	63,152	0
190.01	19001	SIU CLINIC	52,245	0	0	0	0
190.02	19002	WOMEN'S CENTER	20,097	0	0	0	0
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0
190.05	19005	RENTAL PROPERTY	116	0	0	0	0
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	366,692	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	1,986	22,209	0	14,249	0
190.09	19009	SHORE	9,378	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	34	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	545,779	0	0	0	0
190.13	19013	ELDERLY SERVICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.14	19014	REAL ESTATE MANAGEMENT	85,303	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	624,150	0	4,151	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	70,640	13,545	0	8,691	0	190.16
190.17	19017	INTEGRATED CENTER	122,042	0	12,794	0	0	190.17
190.18	19019	340B ADMINISTRATION	219,765	0	0	0	0	190.18
191.00	19100	RESEARCH	199,924	49,327	0	31,648	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,849,628	0	4,672	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	39,101,677	11,324,222	1,542,832	6,103,553	2,697,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 12/20/2018 4:09 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	1,586,376					11.00
13.00	01300	NURSING ADMINISTRATION	49,294	6,095,377				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,616	0	3,432,905			14.00
15.00	01500	PHARMACY	33,696	0	3,265	4,155,631		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,980	0	677	0	5,884,582	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,465	0	257	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	202,876	3,516,601	3,662	0	153,725	30.00
31.00	03100	INTENSIVE CARE UNIT	61,888	1,072,655	2,131	0	51,178	31.00
32.00	03200	CORONARY CARE UNIT	46,601	807,747	1,426	0	38,488	32.00
40.00	04000	SUBPROVIDER - IPF	32,072	555,968	1,097	0	42,642	40.00
43.00	04300	NURSERY	0	0	82	0	7,944	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	106,969	0	23,438	19,076	898,606	50.00
50.01	05001	ORTHO MEDICAL	1,646	0	76	0	7,973	50.01
51.00	05100	RECOVERY ROOM	12,629	0	105	0	50,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	90	0	25,516	52.00
53.00	05300	ANESTHESIOLOGY	2,809	0	25,484	0	47,228	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,074	0	173,071	811,921	1,254,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,003	0	1,370	544	116,678	55.00
60.00	06000	LABORATORY	70,373	0	220,619	0	804,828	60.00
65.00	06500	RESPIRATORY THERAPY	2,118	0	2,787	0	140,593	65.00
66.00	06600	PHYSICAL THERAPY	55,396	0	3,162	0	119,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,781	0	28	0	40,877	67.00
68.00	06800	SPEECH PATHOLOGY	3,833	0	33	0	16,316	68.00
69.00	06900	ELECTROCARDIOLOGY	41,593	0	1,152	69,603	214,690	69.00
69.01	06901	CATH LAB	1,082	0	20,970	18,798	177,050	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	12,732	0	2,382	0	49,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	594,566	0	71,193	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,280,075	0	188,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,223,313	291,267	73.00
74.00	07400	RENAL DIALYSIS	0	0	43	0	8,467	74.00
75.00	07500	ASC (NON-DISTINCT PART)	50,975	142,406	3,292	0	156,044	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,279	0	440	0	56,247	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	26,040	0	728	0	33,101	90.01
90.02	09002	DMG PHYSICIAN GROUP	273,217	0	3,823	788	398,276	90.02
91.00	09100	EMERGENCY	60,795	0	1,659	0	387,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	42,848	0	295	0	23,598	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	13,089	0	1,184	11,588	11,902	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,415,769	6,095,377	3,373,469	4,155,631	5,884,582	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,157	0	21,533	0	0	190.00
190.01	19001	SUICIDAL CLINIC	17,268	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	1,393	0	123	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	15,380	0	2,198	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	42	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	4,064	0	30	0	0	190.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
190.13	19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014 REAL ESTATE MANAGEMENT	3,580	0	15	0	0	190.14
190.15	19015 CORPORATE HEALTH	33,546	0	28,485	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	4,639	0	26	0	0	190.16
190.17	19017 INTEGRATED CENTER	11,903	0	2,571	0	0	190.17
190.18	19019 340B ADMINISTRATION	1,876	0	0	0	0	190.18
191.00	19100 RESEARCH	18,454	0	1,671	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	53,347	0	2,742	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,586,376	6,095,377	3,432,905	4,155,631	5,884,582	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		19.00	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					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		1,196,869			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			5,319,490		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				146,958	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	1,196,869	5,319,490	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
50.01 05001 ORTHO MEDICAL	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	146,958	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
60.00 06000 LABORATORY	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	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	0	0	0	0	69.00
69.01 06901 CATH LAB	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	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	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02 09002 DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00 11600 HOSPICE				0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	1,196,869	5,319,490	146,958	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 SIU CLINIC	0	0	0	0	190.01
190.02 19002 WOMEN'S CENTER	0	0	0	0	190.02
190.03 19011 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004 NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005 RENTAL PROPERTY	0	0	0	0	190.05
190.06 19006 DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007 DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08 19008 PULMONARY EXTENDED CARE	0	0	0	0	190.08
190.09 19009 SHORE	0	0	0	0	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	0	0	3,672,072	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	576,887	190.14
190.15 19015 CORPORATE HEALTH	0	0	0	0	4,260,860	190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0	0	501,645	190.16
190.17 19017 INTEGRATED CENTER	0	0	0	0	847,466	190.17
190.18 19019 340B ADMINISTRATION	0	0	0	0	1,478,836	190.18
191.00 19100 RESEARCH	0	0	0	0	1,444,716	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,491,422	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	1,196,869	5,319,490	146,958	262,788,097	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,516,359	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,516,359	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,672,072	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	576,887	190.14
190.15	19015	CORPORATE HEALTH	0	4,260,860	190.15
190.16	19016	CANCER CARE INSTITUTE	0	501,645	190.16
190.17	19017	INTEGRATED CENTER	0	847,466	190.17
190.18	19019	340B ADMINISTRATION	0	1,478,836	190.18
191.00	19100	RESEARCH	0	1,444,716	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,491,422	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-6,516,359	256,271,738	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			BLDG & FIXT	MVBLE EQUIP				
			0	1.00				2.00
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	61,515	0	61,515	61,515	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	517,044	3,920,010	4,437,054	9,425	5.00
7.00	00700	OPERATION OF PLANT	0	416,209	280,616	696,825	957	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	90,857	0	90,857	0	8.00
9.00	00900	HOUSEKEEPING	0	835,955	10,365	846,320	1,185	9.00
10.00	01000	DIETARY	0	429,494	78,714	508,208	227	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,233	11.00
13.00	01300	NURSING ADMINISTRATION	0	79,421	305,601	385,022	2,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	224,053	138,251	362,304	505	14.00
15.00	01500	PHARMACY	0	33,790	44,326	78,116	1,676	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53,573	5,964	59,537	1,513	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	653	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	353	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	969,676	87,526	1,057,202	7,197	30.00
31.00	03100	INTENSIVE CARE UNIT	0	153,961	81,009	234,970	2,417	31.00
32.00	03200	CORONARY CARE UNIT	0	150,004	4,805	154,809	1,772	32.00
40.00	04000	SUBPROVIDER - I PF	0	181,007	8,263	189,270	1,047	40.00
43.00	04300	NURSERY	0	18,151	7,388	25,539	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	579,267	2,039,738	2,619,005	4,131	50.00
50.01	05001	ORTHO MEDICAL	0	16,779	1,879	18,658	75	50.01
51.00	05100	RECOVERY ROOM	0	28,158	4,637	32,795	569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,797	0	35,797	180	52.00
53.00	05300	ANESTHESIOLOGY	0	29,342	216,852	246,194	283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	479,384	1,116,875	1,596,259	4,355	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	106,294	76,623	182,917	1,044	55.00
60.00	06000	LABORATORY	0	150,149	264,483	414,632	2,180	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	34,124	34,124	806	65.00
66.00	06600	PHYSICAL THERAPY	0	131,102	21,462	152,564	2,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,144	5,774	13,918	316	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,646	0	9,646	215	68.00
69.00	06900	ELECTROCARDIOLOGY	0	156,141	308,734	464,875	1,771	69.00
69.01	06901	CATH LAB	0	165,123	335,701	500,824	530	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25,299	57,007	82,306	428	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	14,000	14,000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	67,941	173,320	241,261	2,053	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	20,009	20,009	64	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	11,637	11,637	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	222,791	222,791	0	90.02
91.00	09100	EMERGENCY	0	433,205	73,007	506,212	2,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	59,118	2,777	61,895	1,902	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	564	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,695,599	9,974,268	16,669,867	58,160	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,367	2,584	52,951	92	190.00
190.01	19001	SUICLINIC	0	0	277	277	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	54	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	64,950	64,950	398	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	11,364	0	11,364	0	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
190.10 19010 PHYSICIAN RECRUITMENT	0	0	192	192	0	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	33	33	128	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	129	190.14
190.15 19015 CORPORATE HEALTH	0	0	45,745	45,745	1,274	190.15
190.16 19016 CANCER CARE INSTITUTE	0	6,931	40,272	47,203	164	190.16
190.17 19017 INTEGRATED CENTER	0	0	5,181	5,181	408	190.17
190.18 19019 340B ADMINISTRATION	0	0	0	0	86	190.18
191.00 19100 RESEARCH	0	25,241	4,809	30,050	622	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	87,276	87,276	0	192.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers			0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	6,789,502	10,225,587	17,015,089	61,515	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 12/20/2018 4:09 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	4,446,479				5.00
7.00	00700	OPERATION OF PLANT	191,609	889,391			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,101	13,945	127,903		8.00
9.00	00900	HOUSEKEEPING	75,632	128,305	0	1,051,442	9.00
10.00	01000	DIETARY	22,324	65,920	6	92,768	689,453
11.00	01100	CAFETERIA	26,842	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	97,990	12,190	0	17,154	0
14.00	01400	CENTRAL SERVICES & SUPPLY	45,592	34,388	0	48,394	0
15.00	01500	PHARMACY	67,855	5,186	0	7,298	0
16.00	01600	MEDICAL RECORDS & LIBRARY	95,854	8,223	0	11,571	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	20,251	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	90,007	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,424	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	283,442	148,829	25,992	209,444	432,188
31.00	03100	INTENSIVE CARE UNIT	97,150	23,630	12,394	33,255	51,746
32.00	03200	CORONARY CARE UNIT	76,447	23,023	7,968	32,400	65,074
40.00	04000	SUBPROVIDER - IPF	60,309	27,781	0	39,097	79,129
43.00	04300	NURSERY	570	2,786	850	3,921	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	221,302	88,907	18,598	125,118	4,521
50.01	05001	ORTHO MEDICAL	2,875	2,575	0	3,624	0
51.00	05100	RECOVERY ROOM	19,723	4,322	3,575	6,082	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,979	5,494	0	7,732	0
53.00	05300	ANESTHESIOLOGY	20,006	4,504	0	6,338	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	314,611	73,577	20,881	103,544	4,861
55.00	05500	RADIOLOGY-THERAPEUTIC	66,645	16,314	2,607	22,959	0
60.00	06000	LABORATORY	153,868	23,045	0	32,431	0
65.00	06500	RESPIRATORY THERAPY	28,220	0	0	0	0
66.00	06600	PHYSICAL THERAPY	90,947	20,122	3,913	28,317	0
67.00	06700	OCCUPATIONAL THERAPY	10,896	1,250	0	1,759	0
68.00	06800	SPEECH PATHOLOGY	7,441	1,480	0	2,083	0
69.00	06900	ELECTROCARDIOLOGY	74,384	23,965	7,560	33,726	0
69.01	06901	CATH LAB	33,025	25,344	0	35,666	3,314
70.00	07000	ELECTROENCEPHALOGRAPHY	18,057	3,883	3,425	5,464	63
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	109,964	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	439,817	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	210,994	0	0	0	0
74.00	07400	RENAL DIALYSIS	9,175	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	82,413	10,428	7,985	14,675	28,460
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	22,499	0	550	0	0
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	55,389	0	169	0	0
90.02	09002	DMG PHYSICIAN GROUP	494,584	0	276	0	0
91.00	09100	EMERGENCY	88,747	66,489	9,362	93,570	20,097
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	70,392	9,074	0	12,769	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	26,191	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,956,543	874,979	126,111	1,031,159	689,453
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,999	7,730	0	10,879	0
190.01	19001	SIU CLINIC	5,941	0	0	0	0
190.02	19002	WOMEN'S CENTER	2,285	0	0	0	0
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0
190.05	19005	RENTAL PROPERTY	13	0	0	0	0
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	41,698	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	226	1,744	0	2,455	0
190.09	19009	SHORE	1,066	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	4	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	62,063	0	0	0	0
190.13	19013	ELDERLY SERVICES	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.14	19014	REAL ESTATE MANAGEMENT	9,700	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	70,975	0	344	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	8,033	1,064	0	1,497	0	190.16
190.17	19017	INTEGRATED CENTER	13,878	0	1,061	0	0	190.17
190.18	19019	340B ADMINISTRATION	24,991	0	0	0	0	190.18
191.00	19100	RESEARCH	22,734	3,874	0	5,452	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	210,330	0	387	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,446,479	889,391	127,903	1,051,442	689,453	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 12/20/2018 4:09 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	28,075					11.00
13.00	01300	NURSING ADMINISTRATION	872	515,529				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	347	0	491,530			14.00
15.00	01500	PHARMACY	596	0	467	161,194		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	831	0	97	0	177,626	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	61	0	37	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,590	297,424	524	0	4,634	30.00
31.00	03100	INTENSIVE CARE UNIT	1,095	90,722	305	0	1,543	31.00
32.00	03200	CORONARY CARE UNIT	825	68,317	204	0	1,160	32.00
40.00	04000	SUBPROVIDER - IPF	568	47,022	157	0	1,285	40.00
43.00	04300	NURSERY	0	0	12	0	239	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,893	0	3,356	740	27,086	50.00
50.01	05001	ORTHO MEDICAL	29	0	11	0	240	50.01
51.00	05100	RECOVERY ROOM	223	0	15	0	1,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13	0	769	52.00
53.00	05300	ANESTHESIOLOGY	50	0	3,649	0	1,424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,302	0	24,781	31,493	38,057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35	0	196	21	3,517	55.00
60.00	06000	LABORATORY	1,245	0	31,589	0	24,259	60.00
65.00	06500	RESPIRATORY THERAPY	37	0	399	0	4,238	65.00
66.00	06600	PHYSICAL THERAPY	980	0	453	0	3,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	120	0	4	0	1,232	67.00
68.00	06800	SPEECH PATHOLOGY	68	0	5	0	492	68.00
69.00	06900	ELECTROCARDIOLOGY	736	0	165	2,700	6,471	69.00
69.01	06901	CATH LAB	19	0	3,003	729	5,337	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	225	0	341	0	1,480	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	85,131	0	2,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	326,465	0	5,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,031	8,779	73.00
74.00	07400	RENAL DIALYSIS	0	0	6	0	255	74.00
75.00	07500	ASC (NON-DISTINCT PART)	902	12,044	471	0	4,704	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40	0	63	0	1,695	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	461	0	104	0	998	90.01
90.02	09002	DMG PHYSICIAN GROUP	4,839	0	547	31	12,005	90.02
91.00	09100	EMERGENCY	1,076	0	238	0	11,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	758	0	42	0	711	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	232	0	170	449	359	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,055	515,529	483,020	161,194	177,626	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	91	0	3,083	0	0	190.00
190.01	19001	SUICLINIC	306	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	25	0	18	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	272	0	315	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	6	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	72	0	4	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	63	0	2	0	0	190.14
190.15	19015	CORPORATE HEALTH	594	0	4,078	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	82	0	4	0	0	190.16
190.17	19017	INTEGRATED CENTER	211	0	368	0	0	190.17
190.18	19019	340B ADMINISTRATION	33	0	0	0	0	190.18
191.00	19100	RESEARCH	327	0	239	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	944	0	393	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,075	515,529	491,530	161,194	177,626	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	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					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		20,904			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			90,007		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				2,875	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				2,470,466	30.00
31.00 03100	INTENSIVE CARE UNIT				549,227	31.00
32.00 03200	CORONARY CARE UNIT				431,999	32.00
40.00 04000	SUBPROVIDER - IPF				445,665	40.00
43.00 04300	NURSERY				33,917	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				3,114,657	50.00
50.01 05001	ORTHO MEDICAL				28,087	50.01
51.00 05100	RECOVERY ROOM				68,832	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				56,964	52.00
53.00 05300	ANESTHESIOLOGY				282,448	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,214,721	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				296,255	55.00
60.00 06000	LABORATORY				683,249	60.00
65.00 06500	RESPIRATORY THERAPY				67,824	65.00
66.00 06600	PHYSICAL THERAPY				302,953	66.00
67.00 06700	OCCUPATIONAL THERAPY				29,495	67.00
68.00 06800	SPEECH PATHOLOGY				21,430	68.00
69.00 06900	ELECTROCARDIOLOGY				616,353	69.00
69.01 06901	CATH LAB				607,791	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY				115,672	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				197,241	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				771,969	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				344,804	73.00
74.00 07400	RENAL DIALYSIS				23,436	74.00
75.00 07500	ASC (NON-DISTINCT PART)				405,396	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC				44,920	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP				68,758	90.01
90.02 09002	DMG PHYSICIAN GROUP				735,073	90.02
91.00 09100	EMERGENCY				799,663	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)				0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY				157,543	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE				27,965	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	16,014,773	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				90,825	190.00
190.01 19001	SIU CLINIC				6,524	190.01
190.02 19002	WOMEN'S CENTER				2,382	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE				0	190.03
190.04 19004	NON HOSPITAL PHARMACIES				0	190.04
190.05 19005	RENTAL PROPERTY				13	190.05
190.06 19006	DECATUR DIGESTIVE CENTER				0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT				107,633	190.07
190.08 19008	PULMONARY EXTENDED CARE				15,789	190.08
190.09 19009	SHORE				1,072	190.09
190.10 19010	PHYSICIAN RECRUITMENT				196	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY					62,300	190.12
190.13 19013 ELDERLY SERVICES					0	190.13
190.14 19014 REAL ESTATE MANAGEMENT					9,894	190.14
190.15 19015 CORPORATE HEALTH					123,010	190.15
190.16 19016 CANCER CARE INSTITUTE					58,047	190.16
190.17 19017 INTEGRATED CENTER					21,107	190.17
190.18 19019 340B ADMINISTRATION					25,110	190.18
191.00 19100 RESEARCH					63,298	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					299,330	192.00
200.00 Cross Foot Adjustments	0	20,904	90,007	2,875	113,786	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	20,904	90,007	2,875	17,015,089	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 12/20/2018 4:09 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	90.01
90.02	09002	DMG PHYSICAL GROUP	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	62,300	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	9,894	190.14
190.15	19015	CORPORATE HEALTH	0	123,010	190.15
190.16	19016	CANCER CARE INSTITUTE	0	58,047	190.16
190.17	19017	INTEGRATED CENTER	0	21,107	190.17
190.18	19019	340B ADMINISTRATION	0	25,110	190.18
191.00	19100	RESEARCH	0	63,298	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	299,330	192.00
200.00		Cross Foot Adjustments	0	113,786	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	17,015,089	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,182				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,525,700			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	0	82,160,444		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,806	4,035,060	12,618,348	-39,101,677	5.00
7.00 00700	OPERATION OF PLANT	28,823	288,852	1,278,223	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	8.00
9.00 00900	HOUSEKEEPING	57,891	10,669	1,581,596	0	9.00
10.00 01000	DIETARY	29,743	81,024	302,428	0	10.00
11.00 01100	CAFETERIA	0	0	1,646,053	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,500	314,570	3,071,529	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,516	142,309	674,319	0	14.00
15.00 01500	PHARMACY	2,340	45,627	2,237,770	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,710	6,139	2,019,470	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	871,650	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	471,050	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	67,151	90,095	9,608,575	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,662	83,387	3,226,647	0	31.00
32.00 03200	CORONARY CARE UNIT	10,388	4,946	2,366,462	0	32.00
40.00 04000	SUBPROVIDER - IPF	12,535	8,506	1,398,112	0	40.00
43.00 04300	NURSERY	1,257	7,605	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,115	2,099,602	5,515,913	0	50.00
50.01 05001	ORTHO MEDICAL	1,162	1,934	100,322	0	50.01
51.00 05100	RECOVERY ROOM	1,950	4,773	759,394	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,479	0	240,959	0	52.00
53.00 05300	ANESTHESIOLOGY	2,032	223,216	377,347	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	33,198	1,149,654	5,814,805	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,361	78,872	1,393,231	0	55.00
60.00 06000	LABORATORY	10,398	272,245	2,910,052	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	35,125	1,075,890	0	65.00
66.00 06600	PHYSICAL THERAPY	9,079	22,092	2,732,098	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	564	5,943	421,355	0	67.00
68.00 06800	SPEECH PATHOLOGY	668	0	286,418	0	68.00
69.00 06900	ELECTROCARDIOLOGY	10,813	317,795	2,363,892	0	69.00
69.01 06901	CATH LAB	11,435	345,553	707,595	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,752	58,680	570,792	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	0	14,411	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,705	178,407	2,741,388	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	20,596	86,092	0	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	11,979	0	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	0	229,330	0	0	90.02
91.00 09100	EMERGENCY	30,000	75,150	2,920,477	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	4,094	2,859	2,538,901	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	753,398	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	463,679	10,267,005	77,682,551	-39,101,677	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	2,660	122,602	0	190.00
190.01 19001	SIU CLINIC	0	285	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	72,480	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	66,856	531,936	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	787	0	0	0	190.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
190.09 19009 SHORE	0	0	0	0	53,649	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	198	0	0	192	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	34	170,305	0	3,122,199	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	171,744	0	487,989	190.14
190.15 19015 CORPORATE HEALTH	0	47,088	1,700,513	0	3,570,528	190.15
190.16 19016 CANCER CARE INSTITUTE	480	41,454	218,831	0	404,104	190.16
190.17 19017 INTEGRATED CENTER	0	5,333	544,987	0	698,156	190.17
190.18 19019 340B ADMINISTRATION	0	0	114,658	0	1,257,195	190.18
191.00 19100 RESEARCH	1,748	4,950	829,837	0	1,143,692	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	89,837	0	0	10,581,033	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,789,502	10,225,587	13,868,267		39,101,677	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.440157	0.971488	0.168795		0.174806	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			61,515		4,446,479	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000749		0.019878	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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)		
		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	401,293				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	1,579,430			8.00	
9.00	00900	HOUSEKEEPING	57,891	0	337,110		9.00	
10.00	01000	DIETARY	29,743	69	29,743	131,906	10.00	
11.00	01100	CAFETERIA	0	0	0	137,802	11.00	
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	14.00	
15.00	01500	PHARMACY	2,340	0	2,340	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	16.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	301	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,151	320,967	67,151	82,686	17,623	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	153,054	10,662	9,900	5,376	31.00
32.00	03200	CORONARY CARE UNIT	10,388	98,400	10,388	12,450	4,048	32.00
40.00	04000	SUBPROVIDER - IPF	12,535	0	12,535	15,139	2,786	40.00
43.00	04300	NURSERY	1,257	10,498	1,257	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,115	229,658	40,115	865	9,292	50.00
50.01	05001	ORTHO MEDICAL	1,162	0	1,162	0	143	50.01
51.00	05100	RECOVERY ROOM	1,950	44,145	1,950	0	1,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,198	257,851	33,198	930	11,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	32,198	7,361	0	174	55.00
60.00	06000	LABORATORY	10,398	0	10,398	0	6,113	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	184	65.00
66.00	06600	PHYSICAL THERAPY	9,079	48,317	9,079	0	4,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	589	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	333	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	93,352	10,813	0	3,613	69.00
69.01	06901	CATH LAB	11,435	0	11,435	634	94	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	42,291	1,752	12	1,106	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,705	98,609	4,705	5,445	4,428	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,786	0	0	198	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	2,086	0	0	2,262	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	3,409	0	0	23,733	90.02
91.00	09100	EMERGENCY	30,000	115,611	30,000	3,845	5,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	3,722	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	1,137	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	394,790	1,557,301	330,607	131,906	122,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	3,488	0	448	190.00
190.01	19001	SUICINIC	0	0	0	0	1,500	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	121	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,336	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	0	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
190.12	19012 CCOP FISCAL INTERMEDIARY	0	0	0	0	353	190.12
190.13	19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014 REAL ESTATE MANAGEMENT	0	0	0	0	311	190.14
190.15	19015 CORPORATE HEALTH	0	4,249	0	0	2,914	190.15
190.16	19016 CANCER CARE INSTITUTE	480	0	480	0	403	190.16
190.17	19017 INTEGRATED CENTER	0	13,097	0	0	1,034	190.17
190.18	19019 340B ADMINISTRATION	0	0	0	0	163	190.18
191.00	19100 RESEARCH	1,748	0	1,748	0	1,603	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,783	0	0	4,634	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,324,222	1,542,832	6,103,553	2,697,279	1,586,376	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.219336	0.976828	18.105523	20.448494	11.511995	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	889,391	127,903	1,051,442	689,453	28,075	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.216313	0.080980	3.118988	5.226851	0.203734	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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		13.00	14.00	15.00	16.00	19.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000						10.00	
11.00	01100						11.00	
13.00	01300	636,993					13.00	
14.00	01400	0	33,312,833				14.00	
15.00	01500	0	31,679	13,684,618			15.00	
16.00	01600	0	6,573	0	974,634,945		16.00	
19.00	01900	0	0	0	0	0	19.00	
21.00	02100	0	0	0	0	0	21.00	
22.00	02200	0	0	0	0	0	22.00	
23.00	02300	0	2,492	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	367,500	35,536	0	25,459,662	0	30.00	
31.00	03100	112,097	20,678	0	8,475,939	0	31.00	
32.00	03200	84,413	13,841	0	6,374,316	0	32.00	
40.00	04000	58,101	10,643	0	7,062,348	0	40.00	
43.00	04300	0	794	0	1,315,660	0	43.00	
44.00	04400	0	0	0	0	0	44.00	
46.00	04600	0	0	0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	227,440	62,818	148,825,148	0	50.00	
50.01	05001	0	738	0	1,320,439	0	50.01	
51.00	05100	0	1,017	0	8,397,013	0	51.00	
52.00	05200	0	875	0	4,225,886	0	52.00	
53.00	05300	0	247,295	0	7,821,729	0	53.00	
54.00	05400	0	1,679,466	2,673,679	207,768,022	0	54.00	
55.00	05500	0	13,291	1,790	19,323,973	0	55.00	
60.00	06000	0	2,140,876	0	133,293,767	0	60.00	
65.00	06500	0	27,046	0	23,284,710	0	65.00	
66.00	06600	0	30,686	0	19,840,084	0	66.00	
67.00	06700	0	272	0	6,769,989	0	67.00	
68.00	06800	0	321	0	2,702,263	0	68.00	
69.00	06900	0	11,180	229,206	35,556,493	0	69.00	
69.01	06901	0	203,496	61,903	29,322,677	0	69.01	
70.00	07000	0	23,115	0	8,129,300	0	70.00	
71.00	07100	0	5,769,631	0	11,790,868	0	71.00	
72.00	07200	0	22,125,824	0	31,245,392	0	72.00	
73.00	07300	0	0	10,614,468	48,238,938	0	73.00	
74.00	07400	0	422	0	1,402,245	0	74.00	
75.00	07500	14,882	31,943	0	25,843,606	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	4,268	0	9,315,457	0	90.00	
90.01	09001	0	7,066	0	5,482,144	0	90.01	
90.02	09002	0	37,100	2,595	65,961,567	0	90.02	
91.00	09100	0	16,100	0	64,205,837	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
92.01	09201	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	0	2,864	0	3,908,218	0	101.00	
SPECIAL PURPOSE COST CENTERS								
116.00	11600	0	11,494	38,159	1,971,255	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		636,993	32,736,062	13,684,618	974,634,945	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	208,959	0	0	0	190.00	
190.01	19001	0	0	0	0	0	190.01	
190.02	19002	0	1,195	0	0	0	190.02	
190.03	19011	0	0	0	0	0	190.03	
190.04	19004	0	0	0	0	0	190.04	
190.05	19005	0	0	0	0	0	190.05	
190.06	19006	0	0	0	0	0	190.06	
190.07	19007	0	21,329	0	0	0	190.07	
190.08	19008	0	0	0	0	0	190.08	
190.09	19009	0	410	0	0	0	190.09	
190.10	19010	0	0	0	0	0	190.10	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
190.11	19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012 CCOP FISCAL INTERMEDIARY	0	295	0	0	0	190.12
190.13	19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014 REAL ESTATE MANAGEMENT	0	148	0	0	0	190.14
190.15	19015 CORPORATE HEALTH	0	276,412	0	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	0	250	0	0	0	190.16
190.17	19017 INTEGRATED CENTER	0	24,951	0	0	0	190.17
190.18	19019 340B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	0	16,213	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	26,609	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,095,377	3,432,905	4,155,631	5,884,582	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.568986	0.103051	0.303672	0.006038	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	515,529	491,530	161,194	177,626	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.809317	0.014755	0.011779	0.000182	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	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
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	100			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	40.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
50.01 05001	ORTHO MEDICAL	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	100	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00 06000	LABORATORY	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901	CATH LAB	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	0	0	0	90.02
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00 11600	HOSPICE			0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	SIU CLINIC	0	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	190.08
190.09 19009	SHORE	0	0	0	190.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
190.10 19010	PHYSICIAN RECRUITMENT	0	0	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	0	190.12
190.13 19013	ELDERLY SERVICES	0	0	0	190.13
190.14 19014	REAL ESTATE MANAGEMENT	0	0	0	190.14
190.15 19015	CORPORATE HEALTH	0	0	0	190.15
190.16 19016	CANCER CARE INSTITUTE	0	0	0	190.16
190.17 19017	INTEGRATED CENTER	0	0	0	190.17
190.18 19019	340B ADMINISTRATION	0	0	0	190.18
191.00 19100	RESEARCH	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,196,869	5,319,490	146,958	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11,968.690000	53,194.900000	1,469.580000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	20,904	90,007	2,875	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	209.040000	900.070000	28.750000	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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
12/20/2018 4:09 pm

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	25,743,623		25,743,623	1,656	25,745,279	30.00
31.00	03100	INTENSIVE CARE UNIT	7,775,369		7,775,369	0	7,775,369	31.00
32.00	03200	CORONARY CARE UNIT	6,244,297		6,244,297	0	6,244,297	32.00
40.00	04000	SUBPROVIDER - IPF	5,086,317		5,086,317	0	5,086,317	40.00
43.00	04300	NURSERY	110,227		110,227	0	110,227	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,227,584		16,227,584	31,569	16,259,153	50.00
50.01	05001	ORTHO MEDICAL	233,448		233,448	0	233,448	50.01
51.00	05100	RECOVERY ROOM	1,362,514		1,362,514	0	1,362,514	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	552,933		552,933	0	552,933	52.00
53.00	05300	ANESTHESIOLOGY	1,499,002		1,499,002	0	1,499,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,771,862		22,771,862	0	22,771,862	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,431,805		4,431,805	2,879	4,434,684	55.00
60.00	06000	LABORATORY	10,671,223		10,671,223	0	10,671,223	60.00
65.00	06500	RESPIRATORY THERAPY	1,813,343	0	1,813,343	0	1,813,343	65.00
66.00	06600	PHYSICAL THERAPY	6,021,161	0	6,021,161	1,267	6,022,428	66.00
67.00	06700	OCCUPATIONAL THERAPY	717,771	0	717,771	0	717,771	67.00
68.00	06800	SPEECH PATHOLOGY	490,922	0	490,922	0	490,922	68.00
69.00	06900	ELECTROCARDIOLOGY	5,315,300		5,315,300	9,247	5,324,547	69.00
69.01	06901	CATH LAB	2,712,403		2,712,403	0	2,712,403	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,254,094		1,254,094	1,267	1,255,361	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,164,741		7,164,741	0	7,164,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,462,286		28,462,286	0	28,462,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,984,521		15,984,521	0	15,984,521	73.00
74.00	07400	RENAL DIALYSIS	550,748		550,748	0	550,748	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,649,030		5,649,030	0	5,649,030	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,395,292		1,395,292	20,332	1,415,624	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,335,430		3,335,430	0	3,335,430	90.01
90.02	09002	DMG PHYSICIAN GROUP	29,907,227		29,907,227	355,579	30,262,806	90.02
91.00	09100	EMERGENCY	7,276,449		7,276,449	26,260	7,302,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,199,141		4,199,141	0	4,199,141	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,416,600		4,416,600	0	4,416,600	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,585,672		1,585,672	0	1,585,672	116.00
200.00		Subtotal (see instructions)	230,962,335	0	230,962,335	450,056	231,412,391	200.00
201.00		Less Observation Beds	4,199,141		4,199,141	0	4,199,141	201.00
202.00		Total (see instructions)	226,763,194	0	226,763,194	450,056	227,213,250	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
12/20/2018 4:09 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	21,272,510		21,272,510		30.00
31.00	03100	INTENSIVE CARE UNIT	8,475,939		8,475,939		31.00
32.00	03200	CORONARY CARE UNIT	6,374,316		6,374,316		32.00
40.00	04000	SUBPROVIDER - IPF	7,062,348		7,062,348		40.00
43.00	04300	NURSERY	1,315,660		1,315,660		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	54,830,885	93,994,263	148,825,148	0.109038	50.00
50.01	05001	ORTHO MEDICAL	59,633	1,260,806	1,320,439	0.176796	50.01
51.00	05100	RECOVERY ROOM	4,249,525	4,147,488	8,397,013	0.162262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,871,097	354,789	4,225,886	0.130844	52.00
53.00	05300	ANESTHESIOLOGY	2,707,270	5,114,459	7,821,729	0.191646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,976,883	160,791,139	207,768,022	0.109602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	234,353	19,089,620	19,323,973	0.229342	55.00
60.00	06000	LABORATORY	51,661,006	81,632,761	133,293,767	0.080058	60.00
65.00	06500	RESPIRATORY THERAPY	21,465,747	1,818,963	23,284,710	0.077877	65.00
66.00	06600	PHYSICAL THERAPY	3,956,242	15,883,842	19,840,084	0.303485	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,999,388	4,770,601	6,769,989	0.106022	67.00
68.00	06800	SPEECH PATHOLOGY	888,950	1,813,313	2,702,263	0.181671	68.00
69.00	06900	ELECTROCARDIOLOGY	9,374,746	26,181,747	35,556,493	0.149489	69.00
69.01	06901	CATH LAB	10,325,998	18,996,679	29,322,677	0.092502	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	831,724	7,297,576	8,129,300	0.154268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,281,010	6,509,858	11,790,868	0.607652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,259,076	12,986,316	31,245,392	0.910927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,111,021	25,127,917	48,238,938	0.331361	73.00
74.00	07400	RENAL DIALYSIS	1,243,152	159,093	1,402,245	0.392762	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,330,082	23,513,524	25,843,606	0.218585	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,116,828	8,198,629	9,315,457	0.149782	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	5,482,144	5,482,144	0.608417	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	65,961,567	65,961,567	0.453404	90.02
91.00	09100	EMERGENCY	14,998,246	49,207,591	64,205,837	0.113330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	682,250	3,504,902	4,187,152	1.002863	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,908,218	3,908,218		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,971,255	1,971,255		116.00
200.00		Subtotal (see instructions)	324,955,885	649,679,060	974,634,945		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	324,955,885	649,679,060	974,634,945		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 12/20/2018 4:09 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.109250		50.00
50.01	05001	ORTHO MEDICAL	0.176796		50.01
51.00	05100	RECOVERY ROOM	0.162262		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.130844		52.00
53.00	05300	ANESTHESIOLOGY	0.191646		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109602		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.229491		55.00
60.00	06000	LABORATORY	0.080058		60.00
65.00	06500	RESPIRATORY THERAPY	0.077877		65.00
66.00	06600	PHYSICAL THERAPY	0.303549		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.106022		67.00
68.00	06800	SPEECH PATHOLOGY	0.181671		68.00
69.00	06900	ELECTROCARDIOLOGY	0.149749		69.00
69.01	06901	CATH LAB	0.092502		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154424		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.607652		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.910927		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331361		73.00
74.00	07400	RENAL DIALYSIS	0.392762		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.218585		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.151965		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.608417		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.458795		90.02
91.00	09100	EMERGENCY	0.113739		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.002863		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
12/20/2018 4:09 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	25,743,623		25,743,623	1,656	25,745,279	30.00
31.00	03100	INTENSIVE CARE UNIT	7,775,369		7,775,369	0	7,775,369	31.00
32.00	03200	CORONARY CARE UNIT	6,244,297		6,244,297	0	6,244,297	32.00
40.00	04000	SUBPROVIDER - IPF	5,086,317		5,086,317	0	5,086,317	40.00
43.00	04300	NURSERY	110,227		110,227	0	110,227	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,227,584		16,227,584	31,569	16,259,153	50.00
50.01	05001	ORTHO MEDICAL	233,448		233,448	0	233,448	50.01
51.00	05100	RECOVERY ROOM	1,362,514		1,362,514	0	1,362,514	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	552,933		552,933	0	552,933	52.00
53.00	05300	ANESTHESIOLOGY	1,499,002		1,499,002	0	1,499,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,771,862		22,771,862	0	22,771,862	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,431,805		4,431,805	2,879	4,434,684	55.00
60.00	06000	LABORATORY	10,671,223		10,671,223	0	10,671,223	60.00
65.00	06500	RESPIRATORY THERAPY	1,813,343	0	1,813,343	0	1,813,343	65.00
66.00	06600	PHYSICAL THERAPY	6,021,161	0	6,021,161	1,267	6,022,428	66.00
67.00	06700	OCCUPATIONAL THERAPY	717,771	0	717,771	0	717,771	67.00
68.00	06800	SPEECH PATHOLOGY	490,922	0	490,922	0	490,922	68.00
69.00	06900	ELECTROCARDIOLOGY	5,315,300		5,315,300	9,247	5,324,547	69.00
69.01	06901	CATH LAB	2,712,403		2,712,403	0	2,712,403	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,254,094		1,254,094	1,267	1,255,361	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,164,741		7,164,741	0	7,164,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,462,286		28,462,286	0	28,462,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,984,521		15,984,521	0	15,984,521	73.00
74.00	07400	RENAL DIALYSIS	550,748		550,748	0	550,748	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,649,030		5,649,030	0	5,649,030	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,395,292		1,395,292	20,332	1,415,624	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,335,430		3,335,430	0	3,335,430	90.01
90.02	09002	DMG PHYSICIAN GROUP	29,907,227		29,907,227	355,579	30,262,806	90.02
91.00	09100	EMERGENCY	7,276,449		7,276,449	26,260	7,302,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,199,141		4,199,141	0	4,199,141	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,416,600		4,416,600		4,416,600	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,585,672		1,585,672		1,585,672	116.00
200.00		Subtotal (see instructions)	230,962,335	0	230,962,335	450,056	231,412,391	200.00
201.00		Less Observation Beds	4,199,141		4,199,141		4,199,141	201.00
202.00		Total (see instructions)	226,763,194	0	226,763,194	450,056	227,213,250	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
12/20/2018 4:09 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	21,272,510		21,272,510		30.00
31.00	03100	INTENSIVE CARE UNIT	8,475,939		8,475,939		31.00
32.00	03200	CORONARY CARE UNIT	6,374,316		6,374,316		32.00
40.00	04000	SUBPROVIDER - IPF	7,062,348		7,062,348		40.00
43.00	04300	NURSERY	1,315,660		1,315,660		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	54,830,885	93,994,263	148,825,148	0.109038	50.00
50.01	05001	ORTHO MEDICAL	59,633	1,260,806	1,320,439	0.176796	50.01
51.00	05100	RECOVERY ROOM	4,249,525	4,147,488	8,397,013	0.162262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,871,097	354,789	4,225,886	0.130844	52.00
53.00	05300	ANESTHESIOLOGY	2,707,270	5,114,459	7,821,729	0.191646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,976,883	160,791,139	207,768,022	0.109602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	234,353	19,089,620	19,323,973	0.229342	55.00
60.00	06000	LABORATORY	51,661,006	81,632,761	133,293,767	0.080058	60.00
65.00	06500	RESPIRATORY THERAPY	21,465,747	1,818,963	23,284,710	0.077877	65.00
66.00	06600	PHYSICAL THERAPY	3,956,242	15,883,842	19,840,084	0.303485	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,999,388	4,770,601	6,769,989	0.106022	67.00
68.00	06800	SPEECH PATHOLOGY	888,950	1,813,313	2,702,263	0.181671	68.00
69.00	06900	ELECTROCARDIOLOGY	9,374,746	26,181,747	35,556,493	0.149489	69.00
69.01	06901	CATH LAB	10,325,998	18,996,679	29,322,677	0.092502	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	831,724	7,297,576	8,129,300	0.154268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,281,010	6,509,858	11,790,868	0.607652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,259,076	12,986,316	31,245,392	0.910927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,111,021	25,127,917	48,238,938	0.331361	73.00
74.00	07400	RENAL DIALYSIS	1,243,152	159,093	1,402,245	0.392762	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,330,082	23,513,524	25,843,606	0.218585	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,116,828	8,198,629	9,315,457	0.149782	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	5,482,144	5,482,144	0.608417	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	65,961,567	65,961,567	0.453404	90.02
91.00	09100	EMERGENCY	14,998,246	49,207,591	64,205,837	0.113330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	682,250	3,504,902	4,187,152	1.002863	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,908,218	3,908,218		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,971,255	1,971,255		116.00
200.00		Subtotal (see instructions)	324,955,885	649,679,060	974,634,945		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	324,955,885	649,679,060	974,634,945		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 12/20/2018 4:09 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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	ORTHO MEDICAL	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CATH LAB	0.000000		69.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part I Date/Time Prepared: 12/20/2018 4:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,470,466	0	2,470,466	31,109	79.41	30.00
31.00	INTENSIVE CARE UNIT	549,227		549,227	5,251	104.59	31.00
32.00	CORONARY CARE UNIT	431,999		431,999	4,009	107.76	32.00
40.00	SUBPROVIDER - IPF	445,665	0	445,665	5,074	87.83	40.00
43.00	NURSERY	33,917		33,917	1,588	21.36	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	3,931,274		3,931,274	47,031		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	15,575	1,236,811				
31.00	INTENSIVE CARE UNIT	2,174	227,379				
32.00	CORONARY CARE UNIT	3,149	339,336				
40.00	SUBPROVIDER - IPF	3,813	334,896				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	24,711	2,138,422				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 12/20/2018 4:09 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,114,657	148,825,148	0.020928	29,176,146	610,598	50.00
50.01	05001 ORTHO MEDICAL	28,087	1,320,439	0.021271	33,933	722	50.01
51.00	05100 RECOVERY ROOM	68,832	8,397,013	0.008197	2,680,771	21,974	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	56,964	4,225,886	0.013480	42,382	571	52.00
53.00	05300 ANESTHESIOLOGY	282,448	7,821,729	0.036111	1,412,080	50,992	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,214,721	207,768,022	0.010660	27,818,788	296,548	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	296,255	19,323,973	0.015331	758	12	55.00
60.00	06000 LABORATORY	683,249	133,293,767	0.005126	28,301,767	145,075	60.00
65.00	06500 RESPIRATORY THERAPY	67,824	23,284,710	0.002913	13,755,776	40,071	65.00
66.00	06600 PHYSICAL THERAPY	302,953	19,840,084	0.015270	2,566,668	39,193	66.00
67.00	06700 OCCUPATIONAL THERAPY	29,495	6,769,989	0.004357	1,233,363	5,374	67.00
68.00	06800 SPEECH PATHOLOGY	21,430	2,702,263	0.007930	599,522	4,754	68.00
69.00	06900 ELECTROCARDIOLOGY	616,353	35,556,493	0.017334	5,894,007	102,167	69.00
69.01	06901 CATH LAB	607,791	29,322,677	0.020728	6,178,967	128,078	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	115,672	8,129,300	0.014229	464,664	6,612	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	197,241	11,790,868	0.016728	3,752,761	62,776	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	771,969	31,245,392	0.024707	9,877,733	244,049	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	344,804	48,238,938	0.007148	12,564,511	89,811	73.00
74.00	07400 RENAL DIALYSIS	23,436	1,402,245	0.016713	925,538	15,469	74.00
75.00	07500 ASC (NON-DISTINCT PART)	405,396	25,843,606	0.015687	68,897	1,081	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	44,920	9,315,457	0.004822	212,949	1,027	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	68,758	5,482,144	0.012542	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	735,073	65,961,567	0.011144	0	0	90.02
91.00	09100 EMERGENCY	799,663	64,205,837	0.012455	9,109,643	113,461	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	402,941	4,187,152	0.096233	510,064	49,085	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	12,300,932	924,254,699		157,181,688	2,029,500	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 12/20/2018 4:09 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	31,109	0.00	15,575	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	5,251	0.00	2,174	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	4,009	0.00	3,149	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	5,074	0.00	3,813	40.00	
43.00	04300	NURSERY	0	0	1,588	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	47,031	0.00	24,711	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
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 12/20/2018 4:09 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	146,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	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	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	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	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	146,958	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 12/20/2018 4:09 pm
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Cost Center Description		Title XVIII				Hospital		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	PPS	
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	148,825,148	0.000000	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	1,320,439	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,397,013	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,225,886	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	146,958	146,958	7,821,729	0.018788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	207,768,022	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,323,973	0.000000	55.00
60.00	06000	LABORATORY	0	0	0	133,293,767	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,284,710	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,840,084	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,769,989	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,702,263	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35,556,493	0.000000	69.00
69.01	06901	CATH LAB	0	0	0	29,322,677	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,129,300	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,790,868	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,245,392	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,238,938	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,402,245	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	25,843,606	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	9,315,457	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	5,482,144	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	65,961,567	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	64,205,837	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,187,152	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	146,958	146,958	924,254,699		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 12/20/2018 4:09 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	29,176,146	0	31,681,605	0	50.00	
50.01	05001 ORTHO MEDICAL	0.000000	33,933	0	381,119	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	2,680,771	0	975,852	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	42,382	0	1,272	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.018788	1,412,080	26,530	1,646,102	30,927	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	27,818,788	0	61,727,004	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	758	0	11,599,110	0	55.00	
60.00	06000 LABORATORY	0.000000	28,301,767	0	14,374,935	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	13,755,776	0	473,638	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,566,668	0	135,223	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,233,363	0	95,508	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	599,522	0	10,722	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,894,007	0	12,200,781	0	69.00	
69.01	06901 CATH LAB	0.000000	6,178,967	0	12,127,321	0	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	464,664	0	2,556,332	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,752,761	0	3,703,446	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,877,733	0	6,655,321	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	12,564,511	0	12,750,294	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	925,538	0	123,996	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	68,897	0	9,740,599	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	212,949	0	5,007,418	0	90.00	
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0.000000	0	0	1,564,889	0	90.01	
90.02	09002 DMG PHYSICIAN GROUP	0.000000	0	0	8,046,649	0	90.02	
91.00	09100 EMERGENCY	0.000000	9,109,643	0	12,929,029	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	510,064	0	1,466,004	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
200.00	Total (lines 50 through 199)		157,181,688	26,530	211,974,169	30,927	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 12/20/2018 4:09 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	0.109038	31,681,605	0	0	3,454,499	50.00
50.01	05001	ORTHO MEDICAL	0.176796	381,119	0	0	67,380	50.01
51.00	05100	RECOVERY ROOM	0.162262	975,852	0	0	158,344	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.130844	1,272	0	0	166	52.00
53.00	05300	ANESTHESIOLOGY	0.191646	1,646,102	0	0	315,469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109602	61,727,004	0	0	6,765,403	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.229342	11,599,110	0	0	2,660,163	55.00
60.00	06000	LABORATORY	0.080058	14,374,935	0	0	1,150,829	60.00
65.00	06500	RESPIRATORY THERAPY	0.077877	473,638	0	0	36,886	65.00
66.00	06600	PHYSICAL THERAPY	0.303485	135,223	0	0	41,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.106022	95,508	0	0	10,126	67.00
68.00	06800	SPEECH PATHOLOGY	0.181671	10,722	0	0	1,948	68.00
69.00	06900	ELECTROCARDIOLOGY	0.149489	12,200,781	0	0	1,823,883	69.00
69.01	06901	CATH LAB	0.092502	12,127,321	0	0	1,121,801	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154268	2,556,332	0	0	394,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.607652	3,703,446	98	0	2,250,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.910927	6,655,321	0	0	6,062,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331361	12,750,294	864	354,541	4,224,950	73.00
74.00	07400	RENAL DIALYSIS	0.392762	123,996	0	0	48,701	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.218585	9,740,599	0	0	2,129,149	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.149782	5,007,418	0	0	750,021	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.608417	1,564,889	0	0	952,105	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.453404	8,046,649	0	0	3,648,383	90.02
91.00	09100	EMERGENCY	0.113330	12,929,029	0	0	1,465,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.002863	1,466,004	0	0	1,470,201	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		211,974,169	962	354,541	41,003,970	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		211,974,169	962	354,541	41,003,970	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 12/20/2018 4:09 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ORTHO MEDICAL	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CATH LAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	60	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	286	117,481		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0		90.01
90.02 09002 DMG PHYSICIAN GROUP	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	346	117,481		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	346	117,481		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 12/20/2018 4:09 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	3,114,657	148,825,148	0.020928	4,533	95	50.00
50.01	05001 ORTHO MEDICAL	28,087	1,320,439	0.021271	661	14	50.01
51.00	05100 RECOVERY ROOM	68,832	8,397,013	0.008197	98	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	56,964	4,225,886	0.013480	12	0	52.00
53.00	05300 ANESTHESIOLOGY	282,448	7,821,729	0.036111	174	6	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,214,721	207,768,022	0.010660	353,774	3,771	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	296,255	19,323,973	0.015331	16	0	55.00
60.00	06000 LABORATORY	683,249	133,293,767	0.005126	751,092	3,850	60.00
65.00	06500 RESPIRATORY THERAPY	67,824	23,284,710	0.002913	155,516	453	65.00
66.00	06600 PHYSICAL THERAPY	302,953	19,840,084	0.015270	89,818	1,372	66.00
67.00	06700 OCCUPATIONAL THERAPY	29,495	6,769,989	0.004357	39,617	173	67.00
68.00	06800 SPEECH PATHOLOGY	21,430	2,702,263	0.007930	68,384	542	68.00
69.00	06900 ELECTROCARDIOLOGY	616,353	35,556,493	0.017334	37,196	645	69.00
69.01	06901 CATH LAB	607,791	29,322,677	0.020728	3,055	63	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	115,672	8,129,300	0.014229	5,097	73	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	197,241	11,790,868	0.016728	4,481	75	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	771,969	31,245,392	0.024707	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	344,804	48,238,938	0.007148	482,293	3,447	73.00
74.00	07400 RENAL DIALYSIS	23,436	1,402,245	0.016713	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	405,396	25,843,606	0.015687	41	1	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	44,920	9,315,457	0.004822	1,018	5	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	68,758	5,482,144	0.012542	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	735,073	65,961,567	0.011144	0	0	90.02
91.00	09100 EMERGENCY	799,663	64,205,837	0.012455	83,159	1,036	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,187,152	0.000000	4,254	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	11,897,991	924,254,699		2,084,289	15,622	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 12/20/2018 4:09 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
50.01	05001 ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	146,958	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CATH LAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (Lines 50 through 199)	0	0	0	0	146,958	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 12/20/2018 4:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	148,825,148	0.000000	50.00
50.01 05001 ORTHO MEDICAL	0	0	0	1,320,439	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	8,397,013	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	4,225,886	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	146,958	146,958	7,821,729	0.018788	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	207,768,022	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	19,323,973	0.000000	55.00
60.00 06000 LABORATORY	0	0	0	133,293,767	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,284,710	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,840,084	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,769,989	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,702,263	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	35,556,493	0.000000	69.00
69.01 06901 CATH LAB	0	0	0	29,322,677	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,129,300	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,790,868	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,245,392	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	48,238,938	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,402,245	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	25,843,606	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	9,315,457	0.000000	90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	5,482,144	0.000000	90.01
90.02 09002 DMG PHYSICIAN GROUP	0	0	0	65,961,567	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	64,205,837	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,187,152	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00 Total (lines 50 through 199)	0	146,958	146,958	924,254,699		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 12/20/2018 4:09 pm			
Cost Center Description			Title XVIII	Subprovider - IPF	PPS		
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	4,533	0	0	50.00
50.01	05001	ORTHO MEDICAL	0.000000	661	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	98	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	12	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.018788	174	3	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	353,774	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	16	0	0	55.00
60.00	06000	LABORATORY	0.000000	751,092	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	155,516	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	89,818	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	39,617	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68,384	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	37,196	0	0	69.00
69.01	06901	CATH LAB	0.000000	3,055	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,097	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,481	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	482,293	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	41	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	1,018	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	83,159	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,254	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
200.00		Total (lines 50 through 199)		2,084,289	3	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 12/20/2018 4:09 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)		31,109	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,109	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)		26,035	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)		15,575	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)		25,745,279	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)		25,745,279	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)		25,745,279	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)		827.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,889,559	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,889,559	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 12/20/2018 4:09 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)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	7,775,369	5,251	1,480.74	2,174	3,219,129	43.00
44.00	CORONARY CARE UNIT	6,244,297	4,009	1,557.57	3,149	4,904,788	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)					30,235,828	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,249,304	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,803,526	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,056,030	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,859,556	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,389,748	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)					5,074	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					827.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,199,141	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 12/20/2018 4:09 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,470,466	25,745,279	0.095958	4,199,141	402,941	90.00
91.00	Nursing School cost	0	25,745,279	0.000000	4,199,141	0	91.00
92.00	Allied health cost	0	25,745,279	0.000000	4,199,141	0	92.00
93.00	All other Medical Education	0	25,745,279	0.000000	4,199,141	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 12/20/2018 4:09 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)		5,074	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,074	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)		5,074	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,813	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)		5,086,317	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)		5,086,317	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)		5,086,317	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)		1,002.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,822,266	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,822,266	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 12/20/2018 4:09 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
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)					338,634	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,160,900	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)					334,896	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,625	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					350,521	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,810,379	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: 14-0135 Component CCN: 14-S135		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 12/20/2018 4:09 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	445,665	5,086,317	0.087620	0	0	90.00
91.00	Nursing School cost	0	5,086,317	0.000000	0	0	91.00
92.00	Allied health cost	0	5,086,317	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,086,317	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 12/20/2018 4:09 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		9,793,849	30.00
31.00	03100	INTENSIVE CARE UNIT		4,618,207	31.00
32.00	03200	CORONARY CARE UNIT		3,261,684	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.109250	29,176,146	50.00
50.01	05001	ORTHO MEDICAL	0.176796	33,933	50.01
51.00	05100	RECOVERY ROOM	0.162262	2,680,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.130844	42,382	52.00
53.00	05300	ANESTHESIOLOGY	0.191646	1,412,080	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109602	27,818,788	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.229491	758	55.00
60.00	06000	LABORATORY	0.080058	28,301,767	60.00
65.00	06500	RESPIRATORY THERAPY	0.077877	13,755,776	65.00
66.00	06600	PHYSICAL THERAPY	0.303549	2,566,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.106022	1,233,363	67.00
68.00	06800	SPEECH PATHOLOGY	0.181671	599,522	68.00
69.00	06900	ELECTROCARDIOLOGY	0.149749	5,894,007	69.00
69.01	06901	CATH LAB	0.092502	6,178,967	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154424	464,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.607652	3,752,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.910927	9,877,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331361	12,564,511	73.00
74.00	07400	RENAL DIALYSIS	0.392762	925,538	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.218585	68,897	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.151965	212,949	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.608417	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.458795	0	90.02
91.00	09100	EMERGENCY	0.113739	9,109,643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.002863	510,064	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		157,181,688	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)		157,181,688	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 12/20/2018 4:09 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
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		4,957,647	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.109250	4,533	495 50.00
50.01	05001	ORTHO MEDICAL	0.176796	661	117 50.01
51.00	05100	RECOVERY ROOM	0.162262	98	16 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.130844	12	2 52.00
53.00	05300	ANESTHESIOLOGY	0.191646	174	33 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.109602	353,774	38,774 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.229491	16	4 55.00
60.00	06000	LABORATORY	0.080058	751,092	60,131 60.00
65.00	06500	RESPIRATORY THERAPY	0.077877	155,516	12,111 65.00
66.00	06600	PHYSICAL THERAPY	0.303549	89,818	27,264 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.106022	39,617	4,200 67.00
68.00	06800	SPEECH PATHOLOGY	0.181671	68,384	12,423 68.00
69.00	06900	ELECTROCARDIOLOGY	0.149749	37,196	5,570 69.00
69.01	06901	CATH LAB	0.092502	3,055	283 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154424	5,097	787 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.607652	4,481	2,723 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.910927	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.331361	482,293	159,813 73.00
74.00	07400	RENAL DIALYSIS	0.392762	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.218585	41	9 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.151965	1,018	155 90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.608417	0	0 90.01
90.02	09002	DMG PHYSICIAN GROUP	0.458795	0	0 90.02
91.00	09100	EMERGENCY	0.113739	83,159	9,458 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.002863	4,254	4,266 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,084,289	338,634 200.00
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)		2,084,289	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 12/20/2018 4:09 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		39,770,327	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)		399,454	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		4,479,079	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		188.10	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)		5.81	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		15.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		5.81	12.00
13.00	Total allowable FTE count for the prior year.		5.81	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.		5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81	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		5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.030888	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.031040	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030888	21.00
22.00	IME payment adjustment (see instructions)		665,596	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		74,962	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).		7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		9.19	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)		7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.038278	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010118	27.00
28.00	IME add-on adjustment amount (see instructions)		402,396	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		45,319	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,067,992	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		120,281	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.32	31.00
32.00	Sum of lines 30 and 31		24.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.04	33.00
34.00	Disproportionate share adjustment (see instructions)		898,810	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 12/20/2018 4:09 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)		0	1,572,002	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,572,002	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,572,002		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)		43,708,585		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)			43,828,866	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,538,777	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).			456,030	52.00
53.00	Nursing and Allied Health Managed Care payment			14,716	53.00
54.00	Special add-on payments for new technologies			1,293	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)			26,530	58.00
59.00	Total (sum of amounts on lines 49 through 58)			47,866,212	59.00
60.00	Primary payer payments			48,283	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			47,817,929	61.00
62.00	Deductibles billed to program beneficiaries			4,569,478	62.00
63.00	Coinurance billed to program beneficiaries			112,510	63.00
64.00	Allowable bad debts (see instructions)			1,377,311	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			895,252	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			941,696	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			44,031,193	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			165,978	70.93
70.94	HRR adjustment amount (see instructions)			-27,839	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 12/20/2018 4:09 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,169,332	71.00
71.01	Sequestration adjustment (see instructions)		883,387	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		42,931,737	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)		354,208	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 12/20/2018 4:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		117,827	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,973,043	2.00
3.00	OPPS payments		40,501,296	3.00
4.00	Outlier payment (see instructions)		51,886	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		30,927	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		117,827	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		355,503	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)		355,503	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)		355,503	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		237,676	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)		117,827	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)		40,584,109	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		27	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,871,207	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)		32,830,702	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		338,675	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)		33,169,377	30.00
31.00	Primary payer payments		6,701	31.00
32.00	Subtotal (line 30 minus line 31)		33,162,676	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,618,757	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,052,192	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,085,655	36.00
37.00	Subtotal (see instructions)		34,214,868	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,214,868	40.00
40.01	Sequestration adjustment (see instructions)		684,297	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		32,934,679	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		595,892	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: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
12/20/2018 4:09 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		42,941,204		33,001,923	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	09/10/2018	9,467	09/10/2018	67,244	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)		-9,467		-67,244	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)		42,931,737		32,934,679	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		354,208		595,892	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		43,285,945		33,530,571	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: 14-0135
Component CCN: 14-S135

Period:
From 10/01/2017
To 09/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
12/20/2018 4:09 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					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		2,963,600		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)		2,963,600		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		18		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,963,618		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 12/20/2018 4:09 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: 14-0135 Component CCN: 14-S135	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part II Date/Time Prepared: 12/20/2018 4:09 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)			3,229,684 1.00
2.00	Net IPF PPS Outlier Payments			38,540 2.00
3.00	Net IPF PPS ECT Payments			0 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)			13.901370 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,268,224 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,268,224 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,268,224 18.00
19.00	Deductibles			192,072 19.00
20.00	Subtotal (line 18 minus line 19)			3,076,152 20.00
21.00	Coinsurance			52,055 21.00
22.00	Subtotal (line 20 minus line 21)			3,024,097 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,024,097 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)			3 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,024,100 31.00
31.01	Sequestration adjustment (see instructions)			60,482 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,963,600 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)			18 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			38,540 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 12/20/2018 4:09 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.			7.19	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)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.00	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	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.	15.00	0.00	15.00	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.	7.19	0.00	7.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	7.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.19	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.19	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.19	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	7.19	0.00		17.00
18.00	Per resident amount	85,522.91	0.00		18.00
19.00	Approved amount for resident costs	614,910	0	614,910	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)			5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.81	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.82	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			100,595.84	23.00
24.00	Multiply line 22 time line 23			585,468	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,200,378	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	24,711	2,477		26.00
27.00	Total Inpatient Days (see instructions)	40,538	40,538		27.00
28.00	Ratio of inpatient days to total inpatient days	0.609576	0.061103		28.00
29.00	Program direct GME amount	731,722	73,347		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		10,364		30.00
31.00	Net Program direct GME amount			794,705	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 12/20/2018 4:09 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)		1,402,245	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)		55,410,204	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)		48,283	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		55,361,921	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		41,121,797	42.00
43.00	Primary payer payments (see instructions)		6,701	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		41,115,096	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		96,477,017	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.573835	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.426165	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		794,705	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		456,030	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		338,675	50.00

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

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet G

Date/Time Prepared:
12/20/2018 4:09 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	6,672,737	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	41,722,074	0	0	0	4.00
5.00	Other receivable	597,762	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,123,027	0	0	0	7.00
8.00	Prepaid expenses	3,224,123	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	55,416	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	55,395,139	0	0	0	11.00
FIXED ASSETS						
12.00	Land	100,156,473	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	100,156,473	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	32,090,567	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	116,336,474	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	148,427,041	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	303,978,653	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,583,204	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,533,872	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,836,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	18,879,523	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,832,599	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,231,149	0	0	0	47.00
48.00	Unsecured loans	39,727,284	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)	41,958,433	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	84,791,032	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	219,187,621				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)	219,187,621	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	303,978,653	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-1

Date/Time Prepared:
12/20/2018 4:09 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		239,838,742		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-18,597,865			2.00
3.00	Total (sum of line 1 and line 2)		221,240,877		0	3.00
4.00	ADDITIONS	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		221,240,877		0	11.00
12.00	DEDUCTIONS	2,053,256		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,053,256		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		219,187,621		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ADDITIONS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	DEDUCTIONS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,173,809		26,173,809	1.00
2.00	SUBPROVIDER - IPF	7,062,348		7,062,348	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	33,236,157		33,236,157	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,778,114		8,778,114	11.00
12.00	CORONARY CARE UNIT	7,318,678		7,318,678	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)	16,096,792		16,096,792	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	49,332,949		49,332,949	17.00
18.00	Ancillary services	265,243,040	518,103,629	783,346,669	18.00
19.00	Outpatient services	16,261,618	170,578,316	186,839,934	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		3,908,218	3,908,218	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,971,255	1,971,255	26.00
27.00	NON-REIMBURSABLE REVENUE	9,046,234	32,674,102	41,720,336	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	339,883,841	727,235,520	1,067,119,361	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		323,644,772		29.00
30.00	BAD DEBT LOAN WRITE OFF	8,420,686			30.00
31.00	NET ASSETS RELEASED FROM RESTRICTION	10,470,665			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)		18,891,351		36.00
37.00	RESTRICTED DISBURSEMENTS	418			37.00
38.00	NORV GAIN/LOSS CAPITAL EQUIPMENT	25,084			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)		25,502		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		342,510,621		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-3

Date/Time Prepared:
12/20/2018 4:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,067,119,361	1.00
2.00	Less contractual allowances and discounts on patients' accounts	770,836,683	2.00
3.00	Net patient revenues (line 1 minus line 2)	296,282,678	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	342,510,621	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-46,227,943	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	17,159,413	24.00
24.01	NET ASSETS RELEASED	10,470,665	24.01
25.00	Total other income (sum of lines 6-24)	27,630,078	25.00
26.00	Total (line 5 plus line 25)	-18,597,865	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-18,597,865	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet H

HHA CCN: 14-7206

To 09/30/2018

Date/Time Prepared: 12/20/2018 4:09 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		165	165	1.00
2.00	Capital Related - Movable Equipment		0		2,859	2,859	2.00
3.00	Plant Operation & Maintenance	0	0	0	68,665	68,665	3.00
4.00	Transportation	0	128,730	0	0	128,730	4.00
5.00	Administrative and General	418,227	192,008	0	70,274	733,416	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,314,020	0	0	0	1,314,020	6.00
7.00	Physical Therapy	550,955	0	0	0	550,955	7.00
8.00	Occupational Therapy	76,432	0	0	0	76,432	8.00
9.00	Speech Pathology	8,180	0	0	0	8,180	9.00
10.00	Medical Social Services	140,587	0	0	0	140,587	10.00
11.00	Home Health Aide	30,499	0	0	0	30,499	11.00
12.00	Supplies (see instructions)	0	0	0	48,967	48,967	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,538,900	192,008	128,730	70,274	3,103,475	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	-165	0	0	0		1.00
2.00	Capital Related - Movable Equipment	-2,859	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	68,665	0	68,665		3.00
4.00	Transportation	0	128,730	0	128,730		4.00
5.00	Administrative and General	0	733,416	-748	732,668		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,314,020	0	1,314,020		6.00
7.00	Physical Therapy	0	550,955	0	550,955		7.00
8.00	Occupational Therapy	0	76,432	0	76,432		8.00
9.00	Speech Pathology	0	8,180	0	8,180		9.00
10.00	Medical Social Services	0	140,587	0	140,587		10.00
11.00	Home Health Aide	0	30,499	0	30,499		11.00
12.00	Supplies (see instructions)	-48,967	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-51,991	3,051,484	-748	3,050,736		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet H-1 Part I Date/Time Prepared: 12/20/2018 4:09 pm
		HHA CCN: 14-7206	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	68,665	0	68,665		0	3.00
4.00	Transportation	128,730	0	68,665	197,395		4.00
5.00	Administrative and General	732,668	0	0	197,395	930,063	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,314,020	0	0	0	1,314,020	6.00
7.00	Physical Therapy	550,955	0	0	0	550,955	7.00
8.00	Occupational Therapy	76,432	0	0	0	76,432	8.00
9.00	Speech Pathology	8,180	0	0	0	8,180	9.00
10.00	Medical Social Services	140,587	0	0	0	140,587	10.00
11.00	Home Health Aide	30,499	0	0	0	30,499	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,050,736	0	68,665	197,395	3,050,736	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	930,063					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	576,289	1,890,309				6.00
7.00	Physical Therapy	241,632	792,587				7.00
8.00	Occupational Therapy	33,521	109,953				8.00
9.00	Speech Pathology	3,588	11,768				9.00
10.00	Medical Social Services	61,657	202,244				10.00
11.00	Home Health Aide	13,376	43,875				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,050,736				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet H-1

HHA CCN: 14-7206

To 09/30/2018

Part II
Date/Time Prepared:
12/20/2018 4:09 pm

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	68,665	0		3.00
4.00	Transportation (see instructions)	0	0	68,665	128,730		4.00
5.00	Administrative and General	0	0	0	128,730	-930,063	2,120,673
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,314,020
7.00	Physical Therapy	0	0	0	0	0	550,955
8.00	Occupational Therapy	0	0	0	0	0	76,432
9.00	Speech Pathology	0	0	0	0	0	8,180
10.00	Medical Social Services	0	0	0	0	0	140,587
11.00	Home Health Aide	0	0	0	0	0	30,499
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	68,665	128,730	-930,063	2,120,673
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	68,665	197,395		930,063
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.533403		0.438570

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet H-2

HHA CCN: 14-7206

To 09/30/2018

Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Home Health
Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0				4A	5.00		
1.00 Administrative and General	0	59,118	2,777	428,554	490,449	85,733	1.00	
2.00 Skilled Nursing Care	1,890,309	0	0	0	1,890,309	330,438	2.00	
3.00 Physical Therapy	792,587	0	0	0	792,587	138,549	3.00	
4.00 Occupational Therapy	109,953	0	0	0	109,953	19,220	4.00	
5.00 Speech Pathology	11,768	0	0	0	11,768	2,057	5.00	
6.00 Medical Social Services	202,244	0	0	0	202,244	35,353	6.00	
7.00 Home Health Aide	43,875	0	0	0	43,875	7,670	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	3,050,736	59,118	2,777	428,554	3,541,185	619,020	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
	7.00	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	115,530	0	74,124	0	42,848	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	115,530	0	74,124	0	42,848	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet H-2

HHA CCN: 14-7206

To 09/30/2018

Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Home Health Agency I

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	14.00	15.00	16.00	19.00	21.00	22.00		
1.00 Administrative and General	295	0	23,598	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	295	0	23,598	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part I)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	832,577	0	832,577	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,220,747	0	2,220,747	515,885	2,736,632	0	2.00
3.00 Physical Therapy	0	931,136	0	931,136	216,305	1,147,441	0	3.00
4.00 Occupational Therapy	0	129,173	0	129,173	30,007	159,180	0	4.00
5.00 Speech Pathology	0	13,825	0	13,825	3,212	17,037	0	5.00
6.00 Medical Social Services	0	237,597	0	237,597	55,194	292,791	0	6.00
7.00 Home Health Aide	0	51,545	0	51,545	11,974	63,519	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	4,416,600	0	4,416,600	832,577	4,416,600	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.232302			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0135
HHA CCN: 14-7206

Period:
From 10/01/2017
To 09/30/2018

Worksheet H-2
Part II
Date/Time Prepared:
12/20/2018 4:09 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	4,094	2,859	2,538,901	0	490,449	4,094	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,890,309	0	2.00
3.00	Physical Therapy	0	0	0	0	792,587	0	3.00
4.00	Occupational Therapy	0	0	0	0	109,953	0	4.00
5.00	Speech Pathology	0	0	0	0	11,768	0	5.00
6.00	Medical Social Services	0	0	0	0	202,244	0	6.00
7.00	Home Health Aide	0	0	0	0	43,875	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,094	2,859	2,538,901		3,541,185	4,094	20.00
21.00	Total cost to be allocated	59,118	2,777	428,554		619,020	115,530	21.00
22.00	Unit cost multiplier	14.440156	0.971319	0.168795		0.174806	28.219345	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRS LING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	4,094	0	3,722	0	2,864	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	4,094	0	3,722	0	2,864	20.00
21.00	Total cost to be allocated	0	74,124	0	42,848	0	295	21.00
22.00	Unit cost multiplier	0.000000	18.105520	0.000000	11.512090	0.000000	0.103003	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0135
HHA CCN: 14-7206

Period:
From 10/01/2017
To 09/30/2018

Worksheet H-2
Part II
Date/Time Prepared:
12/20/2018 4:09 pm
PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL PRGM (ASSIGNED TIME)	
				SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
				15.00	16.00		
1.00 Administrative and General	0	3,908,218	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	3,908,218	0	0	0	0	20.00
21.00 Total cost to be allocated	0	23,598	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.006038	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet H-3 Part I Date/Time Prepared: 12/20/2018 4:09 pm
		HHA CCN: 14-7206		
		Title XVIII	Home Health Agency I	PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,736,632		2,736,632	9,765	280.25	1.00
2.00	Physical Therapy	3.00	1,147,441	0	1,147,441	8,325	137.83	2.00
3.00	Occupational Therapy	4.00	159,180	0	159,180	1,717	92.71	3.00
4.00	Speech Pathology	5.00	17,037	0	17,037	293	58.15	4.00
5.00	Medical Social Services	6.00	292,791		292,791	744	393.54	5.00
6.00	Home Health Aide	7.00	63,519		63,519	863	73.60	6.00
7.00	Total (sum of lines 1-6)		4,416,600	0	4,416,600	21,707		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		19500	0	7,170		8.00
9.00	Physical Therapy		19500	0	5,153		9.00
10.00	Occupational Therapy		19500	0	420		10.00
11.00	Speech Pathology		19500	0	87		11.00
12.00	Medical Social Services		19500	0	40		12.00
13.00	Home Health Aide		19500	0	931		13.00
14.00	Total (sum of lines 8-13)			0	13,801		14.00

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

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

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,170		2,009,393		1.00
2.00	Physical Therapy	0	5,153		710,238		2.00
3.00	Occupational Therapy	0	420		38,938		3.00
4.00	Speech Pathology	0	87		5,059		4.00
5.00	Medical Social Services	0	40		15,742		5.00
6.00	Home Health Aide	0	931		68,522		6.00
7.00	Total (sum of lines 1-6)	0	13,801		2,847,892		7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0135 HHA CCN: 14-7206		Period: From 10/01/2017 To 09/30/2018		Worksheet H-3 Part I Date/Time Prepared: 12/20/2018 4:09 pm		
				Title XVIII		Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	118,625	0	0	0	15.00	
16.00	Cost of Drugs		0	0	0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,009,393					1.00	
2.00	Physical Therapy	710,238					2.00	
3.00	Occupational Therapy	38,938					3.00	
4.00	Speech Pathology	5,059					4.00	
5.00	Medical Social Services	15,742					5.00	
6.00	Home Health Aide	68,522					6.00	
7.00	Total (sum of lines 1-6)	2,847,892					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0135 HHA CCN: 14-7206	Period: From 10/01/2017 To 09/30/2018	Worksheet H-3 Part II Date/Time Prepared: 12/20/2018 4:09 pm PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.303485	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.106022	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.181671	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.607652	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.331361	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135 HHA CCN: 14-7206	Period: From 10/01/2017 To 09/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 12/20/2018 4:09 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,134,542
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	121,384
13.00	Total PPS Reimbursement - LUPA Episodes		0	49,042
14.00	Total PPS Reimbursement - PEP Episodes		0	14,931
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	43,786
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	275
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,363,960
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,363,960
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,363,960
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,363,960
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,363,960
31.01	Sequestration adjustment (see instructions)		0	47,280
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,316,680
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 14-0135
HHA CCN: 14-7206

Period:
From 10/01/2017
To 09/30/2018

Worksheet H-5
Date/Time Prepared:
12/20/2018 4:09 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,316,680	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,316,680	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,316,680	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet 0

Hospice CCN: 14-1517

To 09/30/2018

Date/Time Prepared: 12/20/2018 4:09 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	53,676	53,676	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	338,504	0	338,504	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	12,048	12,048	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	3,481	3,481	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	41,875	41,875	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	38,159	38,159	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	291,261	291,261	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	414,894	0	414,894	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	753,398	440,500	1,193,898	0	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet 0

Hospice CCN: 14-1517

To 09/30/2018

Date/Time Prepared: 12/20/2018 4:09 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	53,676	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	338,504	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	12,048	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	-3,481	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	41,875	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	38,159	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	291,261	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	414,894	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-3,481	1,190,417	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 14-0135 Hospice CCN: 14-1517	Period: From 10/01/2017 To 09/30/2018	Worksheet 0-2 Date/Time Prepared: 12/20/2018 4:09 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	398,787	0	398,787	0	398,787	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	398,787	0	398,787	0	398,787	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	398,787	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	398,787	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 14-0135 Hospice CCN: 14-1517	Period: From 10/01/2017 To 09/30/2018	Worksheet 0-4 Date/Time Prepared: 12/20/2018 4:09 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	16,107	0	16,107	0	16,107	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	16,107	0	16,107	0	16,107	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	16,107	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	16,107	100.00

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

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

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet 0-5

Hospice CCN: 14-1517

To 09/30/2018

Date/Time Prepared: 12/20/2018 4:09 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	53,676	127,170	180,846	3.00
4.00	ADMINISTRATIVE & GENERAL	338,504	243,411	581,915	4.00
5.00	PLANT OPERATION & MAINTENANCE	12,048	0	12,048	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,184	1,184	10.00
11.00	MEDICAL RECORDS	0	11,902	11,902	11.00
12.00	STAFF TRANSPORTATION	41,875	0	41,875	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	38,159	11,588	49,747	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	291,261	0	291,261	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	398,787	0	398,787	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	16,107	0	16,107	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,190,417	395,255	1,585,672	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2017
To 09/30/2018

Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	180,846	0	0	180,846	3.00
4.00	ADMINISTRATIVE & GENERAL	581,915	0	0	180,846	4.00
5.00	PLANT OPERATION & MAINTENANCE	12,048	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,184	0	0	0	10.00
11.00	MEDICAL RECORDS	11,902	0	0	0	11.00
12.00	STAFF TRANSPORTATION	41,875	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	13.00
14.00	PHARMACY	49,747	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	291,261	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	398,787			0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	16,107	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	1,585,672	0	0	180,846	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet 0-6

Hospice CCN: 14-1517

To 09/30/2018

Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	762,761					4.00
5.00 PLANT OPERATION & MAINTENANCE	11,167	23,215				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	1,097	0		0		10.00
11.00 MEDICAL RECORDS	11,032	0		0		11.00
12.00 STAFF TRANSPORTATION	38,814	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	46,111	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	269,972	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	369,638					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	14,930	23,215	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	762,761	23,215	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2017
To 09/30/2018

Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	2,281			10.00
11.00	MEDICAL RECORDS	0		22,934		11.00
12.00	STAFF TRANSPORTATION	0			80,689	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	2,192	22,044	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	89	890	80,689	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	2,281	22,934	80,689	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet 0-6

Hospice CCN: 14-1517

To 09/30/2018

Part I
Date/Time Prepared:
12/20/2018 4:09 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	95,858					14.00
15.00	0	0				15.00
16.00	0		561,233			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	0		792,661	51.00
52.00	0	0	0	0	0	52.00
53.00	95,858	0	561,233	0	793,011	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	95,858	0	561,233	0	1,585,672	100.00

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

Provider CCN: 14-0135

Hospice CCN: 14-1517

Period:
From 10/01/2017
To 09/30/2018

Worksheet 0-6
Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	180,846			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	180,846	-762,761	822,911	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	12,048	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	1,184	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11,902	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	41,875	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	49,747	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	291,261	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	398,787	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	16,107	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			180,846		762,761	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	1.000000		0.926906	101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2017
To 09/30/2018

Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	20,471					5.00
6.00	LAUNDRY & LINEN SERVICE	0	11,588				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	20,471	11,588	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	23,215	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	1.134043	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2017
To 09/30/2018

Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	11,282					10.00
11.00	MEDICAL RECORDS		11,282				11.00
12.00	STAFF TRANSPORTATION			71,150			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	84,270	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,844	10,844	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	438	438	71,150	0	84,270	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2,281	22,934	80,689	0	95,858	100.00
101.00	UNIT COST MULTIPLIER	0.202180	2.032796	1.134069	0.000000	1.137510	101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2017
To 09/30/2018

Part II
Date/Time Prepared:
12/20/2018 4:09 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		494,881			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	494,881	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	561,233	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.134077	0.000000		101.00

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

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet 0-7

Hospice CCN: 14-1517

To 09/30/2018

Date/Time Prepared: 12/20/2018 4:09 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.303485	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.106022	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.181671	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.331361	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.080058	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.607652	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.229342	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0135

Period: From 10/01/2017

Worksheet 0-8

Hospice CCN: 14-1517

To 09/30/2018

Date/Time Prepared: 12/20/2018 4:09 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			792,661
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,844
8.00	Total average cost per diem (line 6 divided by line 7)			73.10
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	1,194	8,948	0
10.00	Program cost (line 8 times line 9)	87,281	654,099	0
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0
13.00	Total average cost per diem (line 11 divided by line 12)			0.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	0
15.00	Program cost (line 13 times line 14)	0	0	0
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			793,011
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			438
18.00	Total average cost per diem (line 16 divided by line 17)			1,810.53
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	30	360	0
20.00	Program cost (line 18 times line 19)	54,316	651,791	0
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,585,672
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			11,282
23.00	Average cost per diem (line 21 divided by line 22)			140.55

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0135	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 12/20/2018 4:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,215,005	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,816	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)		98.94	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		3.78	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)		121,527	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.32	8.00
9.00	Sum of lines 7 and 8		24.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.99	10.00
11.00	Disproportionate share adjustment (see instructions)		160,429	11.00
12.00	Total prospective capital payments (see instructions)		3,538,777	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