

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: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 10:32 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2019 Time: 10:32 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (14-0185) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
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	305,879	-150,571	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	-688		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	305,879	-151,259	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: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 10:32 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00 Street: 4500 MEMORIAL DRIVE		PO Box:		Zip Code: 62226		County: SAINT CLAIR				
2.00 City: BELLEVILLE		State: IL								
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		MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF										4.00
5.00 Subprovider - IRF										5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF										7.00
8.00 Swing Beds - NF										8.00
9.00 Hospital-Based SNF		MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N	9.00
10.00 Hospital-Based NF										10.00
11.00 Hospital-Based OLTC										11.00
12.00 Hospital-Based HHA		MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	N	12.00
13.00 Separately Certified ASC										13.00
14.00 Hospital-Based Hospice										14.00
15.00 Hospital-Based Health Clinic - RHC										15.00
16.00 Hospital-Based Health Clinic - FQHC										16.00
17.00 Hospital-Based (CMHC) I										17.00
18.00 Renal Dialysis										18.00
19.00 Other										19.00
						From:	To:			
						1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2018		12/31/2018		20.00
21.00 Type of Control (see instructions)						2				21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y		N				
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y		Y				
22.02 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				
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N		N		N		22.03
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00
		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.		1,504	1,717	103	34	7,121	16		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 10:32 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
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
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	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)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0185

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2019 10:32 am

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

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						1.00				
Long Term Care Hospital PPS										
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00			
TEFRA Providers										
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00			
						V	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)					N		106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00		
						Physical	Occupational	Speech	Respiratory	
						1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	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: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 10:32 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	3,521,635	445,475		0118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		269026	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 10:32 am
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	1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS	Contractor's Number: 05301	141.00			
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:		142.00			
143.00	City: ST LOUIS	State: MO	Zip Code: 63108	143.00			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y			
				1.00			
				2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N			
				1.00			
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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
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
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y
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)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2018	09/30/2018	170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 10:32 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/27/2019			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/23/2019	Y	03/23/2019		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 10:32 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				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.	MELINDA		HERNANDEZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0616		MELINDA.HERNANDEZ@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 10:32 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 10:32 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					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	192	70,080	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)		192	70,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		212	77,380	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	82	29,930		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		294				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)		10	3,650			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: 14-0185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 10:32 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,569	2,326	45,127			1.00
2.00 HMO and other (see instructions)	10,036	6,201				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,569	2,326	45,127			7.00
8.00 INTENSIVE CARE UNIT	1,770	662	3,941			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		1,164	1,485			13.00
14.00 Total (see instructions)	21,339	4,152	50,553	0.00	1,366.68	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	15,363	69	24,811	0.00	77.19	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	3,597	0	8,617	0.00	12.15	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,456.02	27.00
28.00 Observation Bed Days		0	1,961			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	142	177			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: 14-0185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 10:32 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,317	668	11,788	1.00
2.00	HMO and other (see instructions)			2,047	1,937		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	4,317	668	11,788	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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: 14-0185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 10:32 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	87,270,828	74,000	87,344,828	3,006,681.00	29.05
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		84,682	0	84,682	297.00	285.12
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	4,179,422	65,241	4,244,663	161,925.00	26.21
10.00	Excluded area salaries (see instructions)		1,679,045	-101,553	1,577,492	53,009.00	29.76
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,389,282	0	3,389,282	54,157.00	62.58
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,172,135	0	1,172,135	8,478.00	138.26
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		14,749,710	0	14,749,710	328,136.00	44.95
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,034,378	0	21,034,378		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,418,065	0	1,418,065		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		12,208	0	12,208		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,559,787	0	1,559,787		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	424,732	0	424,732	13,269.00	32.01
27.00	Administrative & General	5.00	9,053,520	16,250	9,069,770	269,990.00	33.59

5/29/2019 10:32 am

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 10:32 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	405,474	0	405,474	6,169.00	65.73	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,093,457	0	1,093,457	44,947.00	24.33	30.00
31.00	Laundry & Linen Service	0	52,604	52,604	4,309.00	12.21	31.00
32.00	Housekeeping	2,403,193	-52,604	2,350,589	169,496.00	13.87	32.00
33.00	Housekeeping under contract (see instructions)	10,751	0	10,751	317.00	33.91	33.00
34.00	Dietary	1,726,719	-397,516	1,329,203	73,492.00	18.09	34.00
35.00	Dietary under contract (see instructions)	683,434	0	683,434	18,787.00	36.38	35.00
36.00	Cafeteria	169,026	502,069	671,095	61,924.00	10.84	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,699,856	-295,796	2,404,060	62,440.00	38.50	38.00
39.00	Central Services and Supply	648,118	500	648,618	33,246.00	19.51	39.00
40.00	Pharmacy	3,470,355	1,500	3,471,855	82,238.00	42.22	40.00
41.00	Medical Records & Medical Records Library	571,940	500	572,440	24,265.00	23.59	41.00
42.00	Social Service	603,145	500	603,645	23,103.00	26.13	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 10:32 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	88,285,805	74,000	88,359,805	3,031,657.00	29.15	1.00
2.00	Excluded area salaries (see instructions)	5,858,467	-36,312	5,822,155	214,934.00	27.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	82,427,338	110,312	82,537,650	2,816,723.00	29.30	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,311,127	0	19,311,127	390,771.00	49.42	4.00
5.00	Subtotal wage-related costs (see inst.)	22,594,165	0	22,594,165	0.00	27.37	5.00
6.00	Total (sum of lines 3 thru 5)	124,332,630	110,312	124,442,942	3,207,494.00	38.80	6.00
7.00	Total overhead cost (see instructions)	23,963,720	-171,993	23,791,727	887,992.00	26.79	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0185

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2019 10:32 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,409,205	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,558,219	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	358,664	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	76,955	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,189,334	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	86,058	14.00
15.00	'Workers' Compensation Insurance	686,234	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	6,358,085	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	60,222	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	251,400	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,034,376	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: 14-0185

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,389,282	21,034,376	1.00
2.00	Hospital	3,389,282	21,034,376	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0185 Component CCN: 14-7443		Period: From 01/01/2018 To 12/31/2018		Worksheet S-4 Date/Time Prepared: 5/29/2019 10:32 am		
				Home Health Agency I		PPS		
							1.00	
0.00	County							0.00
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	323.00	0.00	0.00	0.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	0.00					3.00	
4.00	Director(s) and Assistant Director(s)	0.00					4.00	
5.00	Other Administrative Personnel	0.00					5.00	
6.00	Direct Nursing Service	0.00					6.00	
7.00	Nursing Supervisor	0.00					7.00	
8.00	Physical Therapy Service	0.00					8.00	
9.00	Physical Therapy Supervisor	0.00					9.00	
10.00	Occupational Therapy Service	0.00					10.00	
11.00	Occupational Therapy Supervisor	0.00					11.00	
12.00	Speech Pathology Service	0.00					12.00	
13.00	Speech Pathology Supervisor	0.00					13.00	
14.00	Medical Social Service	0.00					14.00	
15.00	Medical Social Service Supervisor	0.00					15.00	
16.00	Home Health Aide	0.00					16.00	
17.00	Home Health Aide Supervisor	0.00					17.00	
18.00	Other (specify)	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.				2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	41180					20.00	
20.01		99914					20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	1,537	103	118	72	1,830	21.00	
22.00	Skilled Nursing Visit Charges	461,050	30,900	35,400	21,600	548,950	22.00	
23.00	Physical Therapy Visits	1,450	5	37	37	1,529	23.00	
24.00	Physical Therapy Visit Charges	474,150	1,635	12,099	12,099	499,983	24.00	
25.00	Occupational Therapy Visits	134	2	3	8	147	25.00	
26.00	Occupational Therapy Visit Charges	44,220	660	990	2,640	48,510	26.00	
27.00	Speech Pathology Visits	85	0	0	0	85	27.00	
28.00	Speech Pathology Visit Charges	30,175	0	0	0	30,175	28.00	
29.00	Medical Social Service Visits	6	0	0	0	6	29.00	
30.00	Medical Social Service Visit Charges	2,886	0	0	0	2,886	30.00	
31.00	Home Health Aide Visits	0	0	0	0	0	31.00	
32.00	Home Health Aide Visit Charges	0	0	0	0	0	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,212	110	158	117	3,597	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,012,481	33,195	48,489	36,339	1,130,504	35.00	
36.00	Total Number of Episodes (standard/non outlier)	296		51	9	356	36.00	
37.00	Total Number of Outlier Episodes		4		1	5	37.00	
38.00	Total Non-Routine Medical Supply Charges	13,730	586	391	125	14,832	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:
5/29/2019 10:32 am

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	14	0	14	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	7	0	7	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	1,524	0	1,524	12.00
13.00		RUB	3,087	0	3,087	13.00
14.00		RUA	4,147	0	4,147	14.00
15.00		RVC	733	0	733	15.00
16.00		RVB	1,853	0	1,853	16.00
17.00		RVA	2,767	0	2,767	17.00
18.00		RHC	125	0	125	18.00
19.00		RHB	222	0	222	19.00
20.00		RHA	352	0	352	20.00
21.00		RMC	20	0	20	21.00
22.00		RMB	116	0	116	22.00
23.00		RMA	45	0	45	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	2	0	2	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	5	0	5	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	7	0	7	33.00
34.00		HC1	8	0	8	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	142	0	142	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	13	0	13	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	7	0	7	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	14	0	14	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	2	0	2	48.00
49.00		CC2	3	0	3	49.00
50.00		CC1	12	0	12	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	49	0	49	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	24	0	24	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:
5/29/2019 10:32 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	19	0	19	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	12	0	12	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	15	0	15	78.00
199.00		AAA	17	0	17	199.00
200.00	TOTAL		15,363	0	15,363	200.00

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

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 41180
 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

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

202.00	Staffing	4,179,422	60.05	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	SUPPLIES	353,164	5.07	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	6,959,601			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 10:32 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.212426	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,389,293	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		10,075,623	5.00	
6.00	Medicaid charges		155,440,914	6.00	
7.00	Medicaid cost (line 1 times line 6)		33,019,692	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		453,382	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,677,547	4,115,720	15,793,267	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,480,615	4,115,720	6,596,335	21.00
22.00	Payments received from patients for amounts previously written off as charity care	203	32,107	32,310	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,480,412	4,083,613	6,564,025	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)		10,909,029	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		796,502	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,225,387	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		9,683,642	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,485,942	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,049,967	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,049,967	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,764,109	5,764,109	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		0	0	374,700	374,700	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,155,908	9,155,908	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	424,732	2,345,467	2,770,199	-81,408	2,688,791	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	171,173	529,338	700,511	-57,494	643,017	5.01
5.02	00550	DATA PROCESSING	33,897	5,737,806	5,771,703	-2,150,931	3,620,772	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	13,160	25,468	38,628	0	38,628	5.03
5.04	00570	ADMITTING	876,943	253,222	1,130,165	-6,264	1,123,901	5.04
5.05	00580	PATIENT ACCOUNTS	1,395,102	5,073,991	6,469,093	-14,405	6,454,688	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	6,559,063	29,933,930	36,492,993	-5,945,795	30,547,198	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	4,182	306,505	310,687	-73,577	237,110	5.07
7.00	00700	OPERATION OF PLANT	1,015,097	8,736,379	9,751,476	-302,286	9,449,190	7.00
7.01	00701	OPERATION OF PLANT CC	78,360	178,676	257,036	-20,582	236,454	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	-534,902	-534,902	8.00
9.00	00900	HOUSEKEEPING	2,258,314	2,078,037	4,336,351	281,589	4,617,940	9.00
9.01	00901	HOUSEKEEPING CC	144,879	150,456	295,335	-6,048	289,287	9.01
10.00	01000	DIETARY	980,145	2,581,906	3,562,051	-530,316	3,031,735	10.00
10.01	01001	DIETARY CC	746,574	38,654	785,228	0	785,228	10.01
11.00	01100	CAFETERIA	169,026	363,444	532,470	626,408	1,158,878	11.00
13.00	01300	NURSING ADMINISTRATION	2,699,856	1,772,978	4,472,834	-837,775	3,635,059	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	648,118	2,704,195	3,352,313	-750,458	2,601,855	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	-228	-228	0	-228	14.01
15.00	01500	PHARMACY	3,136,732	7,949,739	11,086,471	-7,080,569	4,005,902	15.00
15.01	01501	PHARMACY CC	333,623	538,016	871,639	-524,327	347,312	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	571,940	1,719,716	2,291,656	-7,013	2,284,643	16.00
17.00	01700	SOCIAL SERVICE	524,322	297,212	821,534	286	821,820	17.00
17.01	01701	SOCIAL SERVICE CC	78,823	13,103	91,926	0	91,926	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,511,506	13,708,830	33,220,336	-1,966,708	31,253,628	30.00
31.00	03100	INTENSIVE CARE UNIT	3,107,106	4,126,518	7,233,624	-792,169	6,441,455	31.00
43.00	04300	NURSERY	0	368	368	888,952	889,320	43.00
44.00	04400	SKILLED NURSING FACILITY	4,179,422	1,862,336	6,041,758	-268,494	5,773,264	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,354,832	18,702,855	27,057,687	-12,967,129	14,090,558	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,334,002	910,964	2,244,966	-213,588	2,031,378	52.00
53.00	05300	ANESTHESIOLOGY	0	4,525,253	4,525,253	-322,668	4,202,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,350,396	1,921,037	4,271,433	-577,628	3,693,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	609,296	900,226	1,509,522	-409,822	1,099,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	290,197	536,379	826,576	-442,147	384,429	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,239,104	5,471,853	6,710,957	-4,950,039	1,760,918	59.00
60.00	06000	LABORATORY	4,231,475	3,384,452	7,615,927	-595,226	7,020,701	60.00
65.00	06500	RESPIRATORY THERAPY	1,916,240	1,158,159	3,074,399	-94,122	2,980,277	65.00
66.00	06600	PHYSICAL THERAPY	4,569,209	1,575,005	6,144,214	-836,498	5,307,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,284,521	302,277	1,586,798	530,709	2,117,507	67.00
68.00	06800	SPEECH PATHOLOGY	648,028	204,109	852,137	-41,710	810,427	68.00
69.00	06900	ELECTROCARDIOLOGY	1,257,577	652,986	1,910,563	-264,698	1,645,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	805,989	348,168	1,154,157	-39,969	1,114,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,696,523	6,696,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,996,133	14,996,133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,746,885	6,746,885	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	501,991	501,991	-699	501,292	90.00
90.01	09001	DIABETIC EDUCATION OP	150,617	39,486	190,103	-4,517	185,586	90.01
90.02	09002	PAI N MANAGEMENT	761,960	599,358	1,361,318	-389,885	971,433	90.02
91.00	09100	EMERGENCY	6,126,245	4,358,541	10,484,786	-808,643	9,676,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,085,175	428,666	1,513,841	-28,981	1,484,860	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,324,169	1,324,169	-848,655	475,514	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,676,958	140,871,996	227,548,954	274,057	227,823,011	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	215,861	351,030	566,891	-140,204	426,687	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	378,009	413,799	791,808	-133,853	657,955	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	87,270,828	141,636,825	228,907,653	0	228,907,653	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-34,612	5,729,497	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	-134,809	239,891	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	405,866	9,561,774	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,461,956	4,150,747	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	4.01
5.01	01160	COMMUNICATIONS	-426,358	216,659	5.01
5.02	00550	DATA PROCESSING	4,799,268	8,420,040	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	38,628	5.03
5.04	00570	ADMINISTRATIVE	0	1,123,901	5.04
5.05	00580	PATIENT ACCOUNTS	-4,250,366	2,204,322	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,192,674	31,739,872	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	-2,977	234,133	5.07
7.00	00700	OPERATION OF PLANT	-190,402	9,258,788	7.00
7.01	00701	OPERATION OF PLANT CC	0	236,454	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	-534,902	8.00
9.00	00900	HOUSEKEEPING	0	4,617,940	9.00
9.01	00901	HOUSEKEEPING CC	0	289,287	9.01
10.00	01000	DIETARY	0	3,031,735	10.00
10.01	01001	DIETARY CC	0	785,228	10.01
11.00	01100	CAFETERIA	-1,115,935	42,943	11.00
13.00	01300	NURSING ADMINISTRATION	-38,489	3,596,570	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-280,263	2,321,592	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	-228	14.01
15.00	01500	PHARMACY	-99	4,005,803	15.00
15.01	01501	PHARMACY CC	0	347,312	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-934,397	1,350,246	16.00
17.00	01700	SOCIAL SERVICE	0	821,820	17.00
17.01	01701	SOCIAL SERVICE CC	0	91,926	17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,278,196	25,975,432	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,315,178	4,126,277	31.00
43.00	04300	NURSERY	0	889,320	43.00
44.00	04400	SKILLED NURSING FACILITY	-1,009	5,772,255	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,336,826	12,753,732	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-280,060	1,751,318	52.00
53.00	05300	ANESTHESIOLOGY	-3,463,992	738,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,446	3,689,359	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	1,099,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	384,429	58.00
59.00	05900	CARDIAC CATHETERIZATION	-22,990	1,737,928	59.00
60.00	06000	LABORATORY	-120,282	6,900,419	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,980,277	65.00
66.00	06600	PHYSICAL THERAPY	-163,590	5,144,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	-14	2,117,493	67.00
68.00	06800	SPEECH PATHOLOGY	0	810,427	68.00
69.00	06900	ELECTROCARDIOLOGY	-50,375	1,595,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,063	1,109,125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,696,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,996,133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,746,885	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	501,292	90.00
90.01	09001	DIABETIC EDUCATION OP	0	185,586	90.01
90.02	09002	PAIN MANAGEMENT	0	971,433	90.02
91.00	09100	EMERGENCY	-818,895	8,857,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	3,675	1,488,535	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-475,514	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,881,698	213,941,313	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	426,687	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	657,955	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,881,698	215,025,955	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - RECLASS MEDICAL SUPPLIES AND DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,996,133	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,696,523	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	0		0	21,692,656	
B - RECLASS DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,746,885	1.00
2.00		0.00	0	0	2.00
	0		0	6,746,885	
D - RECLASS DIETARY COST					
1.00	CAFETERIA	11.00	397,516	102,530	1.00
	0		397,516	102,530	
F - RECLASS EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,349,441	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	1,349,441	
G - RECLASS EMP MEALS TO CAFETERIA					
1.00	CAFETERIA	11.00	104,553	30,884	1.00
	0		104,553	30,884	
H - RECLASS MCC ACTIVITY THERAPY					
1.00	SKILLED NURSING FACILITY	44.00	61,741	20,888	1.00
	0		61,741	20,888	
I - RECLASS FLOAT & TRANSPORTATION COST					
1.00	ADULTS & PEDIATRICS	30.00	298,796	130,738	1.00
	0		298,796	130,738	

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 10:32 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - RECLASS BLDG RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,766,794	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	1,766,794	
M - RECLASS IPA ASSESSMENT MCC					
1.00	SKILLED NURSING FACILITY	44.00	0	73,577	1.00
			0	73,577	
N - RECLASS DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,132,429	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	228,856	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,791,707	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
			0	11,152,992	
O - RECLASS PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	151,040	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	14,760	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	11,035	3.00
			0	176,835	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	689,899	199,421	1.00
			689,899	199,421	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	444,533	119,836	1.00
			444,533	119,836	
V - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	713,846	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	134,809	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 10:32 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		0	848,655	
X - RECLASS HOUSEKEEPING TO LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	52,604	14,712	1.00
	0		52,604	14,712	
Y - RECRUITMENT/RELOCATION RECLASS					
1.00	DATA PROCESSING	5.02	1,000	0	1.00
2.00	PATIENT ACCOUNTS	5.05	4,000	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	11,250	0	3.00
4.00	NURSING ADMINISTRATION	13.00	3,000	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	500	0	5.00
6.00	PHARMACY	15.00	1,500	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	500	0	7.00
8.00	SOCIAL SERVICE	17.00	500	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	14,750	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	4,000	0	10.00
11.00	SKILLED NURSING FACILITY	44.00	3,500	0	11.00
12.00	OPERATING ROOM	50.00	4,500	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	2,750	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	1,250	0	14.00
15.00	LABORATORY	60.00	1,000	0	15.00
16.00	RESPIRATORY THERAPY	65.00	6,500	0	16.00
17.00	PHYSICAL THERAPY	66.00	500	0	17.00
18.00	EMERGENCY	91.00	10,000	0	18.00
19.00	HOME HEALTH AGENCY	101.00	3,000	0	19.00
	0		74,000	0	
Z - RECLASS LAUNDRY FEES					
1.00	HOUSEKEEPING	9.00	0	579,550	1.00
2.00	HOUSEKEEPING CC	9.01	0	22,668	2.00
	TOTALS		0	602,218	
500.00	Grand Total: Increases		2,123,642	45,029,062	500.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS MEDICAL SUPPLIES AND DEVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,330	0		1.00
2.00	COMMUNICATIONS	5.01	0	672	0		2.00
3.00	ADMINISTRATIVE	5.04	0	3,489	0		3.00
4.00	PATIENT ACCOUNTS	5.05	0	16,649	0		4.00
5.00	OPERATION OF PLANT	7.00	0	105,574	0		5.00
6.00	HOUSEKEEPING	9.00	0	215,052	0		6.00
7.00	HOUSEKEEPING CC	9.01	0	28,261	0		7.00
8.00	CAFETERIA	11.00	0	159	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	72,966	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	607,711	0		10.00
11.00	PHARMACY	15.00	0	312,425	0		11.00
12.00	PHARMACY CC	15.01	0	1,575	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	29	0		13.00
14.00	SOCIAL SERVICE	17.00	0	214	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,139,017	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	567,418	0		16.00
17.00	NURSERY	43.00	0	368	0		17.00
18.00	SKILLED NURSING FACILITY	44.00	0	274,951	0		18.00
19.00	OPERATING ROOM	50.00	0	11,563,755	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	120,442	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	197,692	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	83,357	0		22.00
23.00	CT SCAN	57.00	0	90,942	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,518	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	4,698,697	0		25.00
26.00	LABORATORY	60.00	0	271,259	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	17,005	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	7,785	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	9,914	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	67,521	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,008	0		31.00
32.00	CLINIC	90.00	0	559	0		32.00
33.00	DIABETIC EDUCATION OP	90.01	0	217	0		33.00
34.00	PAIN MANAGEMENT	90.02	0	359,711	0		34.00
35.00	EMERGENCY	91.00	0	683,171	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	27,434	0		36.00
37.00	NONREIMBURSABLE COST CENTER	194.01	0	33,055	0		37.00
38.00	PHYSICAL THERAPY	66.00	0	81,754	0		38.00
0			0	21,692,656			
B - RECLASS DRUGS SOLD							
1.00	PHARMACY	15.00	0	6,224,133	0		1.00
2.00	PHARMACY CC	15.01	0	522,752	0		2.00
0			0	6,746,885			
D - RECLASS DIETARY COST							
1.00	DIETARY	10.00	397,516	102,530	0		1.00
0			397,516	102,530			
F - RECLASS EQUIPMENT RENTAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,850	14		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	417,556	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,215	0		3.00
4.00	PHARMACY	15.00	0	532,471	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	121,588	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	9,087	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	66,338	0		7.00
8.00	OPERATING ROOM	50.00	0	3,172	0		8.00
9.00	LABORATORY	60.00	0	148,569	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	26,338	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	12,096	0		11.00
12.00	EMERGENCY	91.00	0	161	0		12.00
0			0	1,349,441			
G - RECLASS EMP MEALS TO CAFETERIA							
1.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	104,553	30,884	0		1.00
0			104,553	30,884			
H - RECLASS MCC ACTIVITY THERAPY							
1.00	PHYSICAL THERAPY	66.00	61,741	20,888	0		1.00
0			61,741	20,888			
I - RECLASS FLOAT & TRANSPORTATION COST							
1.00	NURSING ADMINISTRATION	13.00	298,796	130,738	0		1.00
0			298,796	130,738			

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
K - RECLASS BLDG RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,721,769	14	1.00
2.00	LABORATORY	60.00	0	13,072	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	31,953	0	3.00
	0		0	1,766,794		
M - RECLASS IPA ASSESSMENT MCC						
1.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	73,577	0	1.00
	0		0	73,577		
N - RECLASS DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,228	9	1.00
2.00	COMMUNICATIONS	5.01	0	56,822	9	2.00
3.00	DATA PROCESSING	5.02	0	2,151,931	9	3.00
4.00	NONREIMBURSABLE COST CENTER	194.01	0	100,798	0	4.00
5.00	ADMINISTRATIVE	5.04	0	2,775	0	5.00
6.00	PATIENT ACCOUNTS	5.05	0	1,756	0	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,640,885	0	7.00
8.00	OPERATION OF PLANT	7.00	0	196,712	0	8.00
9.00	OPERATION OF PLANT CC	7.01	0	20,582	0	9.00
10.00	HOUSEKEEPING	9.00	0	15,593	0	10.00
11.00	HOUSEKEEPING CC	9.01	0	455	0	11.00
12.00	DIETARY	10.00	0	30,270	0	12.00
13.00	CAFETERIA	11.00	0	8,916	0	13.00
14.00	NURSING ADMINISTRATION	13.00	0	338,275	0	14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	133,032	0	15.00
16.00	PHARMACY	15.00	0	13,040	0	16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,484	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	261,067	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	219,664	0	19.00
20.00	SKILLED NURSING FACILITY	44.00	0	86,911	0	20.00
21.00	OPERATING ROOM	50.00	0	1,404,702	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	93,146	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	124,976	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	497,021	0	24.00
25.00	CT SCAN	57.00	0	318,880	0	25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	430,629	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	252,592	0	27.00
28.00	LABORATORY	60.00	0	163,326	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	57,279	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	64,197	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	25,875	0	31.00
32.00	SPEECH PATHOLOGY	68.00	0	31,796	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	197,177	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,961	0	34.00
35.00	CLINIC	90.00	0	140	0	35.00
36.00	DIABETIC EDUCATION OP	90.01	0	4,300	0	36.00
37.00	PAIN MANAGEMENT	90.02	0	30,174	0	37.00
38.00	EMERGENCY	91.00	0	135,311	0	38.00
39.00	HOME HEALTH AGENCY	101.00	0	4,547	0	39.00
40.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,767	0	40.00
	0		0	11,152,992		
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	176,835	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
	0		0	176,835		
Q - RECLASS NURSERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	689,899	199,421	0	1.00
	0		689,899	199,421		
S - RECLASS OT EXPENSE						
1.00	PHYSICAL THERAPY	66.00	444,533	119,836	0	1.00
	0		444,533	119,836		
V - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	848,655	14	1.00
2.00		0.00	0	0	14	2.00
3.00		0.00	0	0	14	3.00
	0		0	848,655		

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
X - RECLASS HOUSEKEEPING TO LAUNDRY						
1.00	HOUSEKEEPING	9.00	52,604	14,712	0	1.00
	0		52,604	14,712		
Y - RECRUITMENT/RELOCATION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	74,000	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
	0		0	74,000		
Z - RECLASS LAUNDRY FEES						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	602,218	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	602,218		
500.00	Grand Total: Decreases		2,049,642	45,103,062		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,930,000	0	0	0	1.00
2.00	Land Improvements	2,433,114	0	0	0	2.00
3.00	Buildings and Fixtures	27,681,176	2,391,015	0	2,391,015	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	11,709,761	0	0	0	5.00
6.00	Movable Equipment	37,184,433	3,568,798	-190,520	3,378,278	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	80,938,484	5,959,813	-190,520	5,769,293	8.00
9.00	Reconciling Items	-13,748,774	-10,999,999	5,959,813	-5,040,186	9.00
10.00	Total (line 8 minus line 9)	94,687,258	16,959,812	-6,150,333	10,809,479	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,930,000	0			1.00
2.00	Land Improvements	2,433,114	0			2.00
3.00	Buildings and Fixtures	30,072,191	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	11,705,425	0			5.00
6.00	Movable Equipment	40,232,751	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	86,373,481	0			8.00
9.00	Reconciling Items	-18,788,960	0			9.00
10.00	Total (line 8 minus line 9)	105,162,441	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	39,782,693	0	39,782,693	0.471116	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	4,428,037	0	4,428,037	0.052438	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	40,232,751	0	40,232,751	0.476446	0	2.00
3.00	Total (sum of lines 1-2)	84,443,481	0	84,443,481	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,811,663	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	0	228,856	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,197,573	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,238,092	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-713,846	151,040	0	2,480,640	5,729,497	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	-134,809	11,035	0	134,809	239,891	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	14,760	0	1,349,441	9,561,774	2.00
3.00	Total (sum of lines 1-2)	-848,655	176,835	0	3,964,890	15,531,162	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-713,846	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)	A	-134,809	NEW CAP REL COSTS-BLDG & FIXT CC		1.01	11	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00	Investment income - other (chapter 2)		0			0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-17,954	COMMUNICATIONS		5.01	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	-14,423,774				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	4,229,501				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-744,211	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	-3,437	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC			NEW CAP REL COSTS-BLDG & FIXT CC		1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant					0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		4.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00		0 33.00
33.01 PHYSICIAN LOAN FORGIVENESS	A	-102,182	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 33.01
33.02 OTHER INCOME	B	-13,374	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 33.02
33.03 MISC OTHER INCOME	B	0	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 33.03
33.04 CONTRIBUTIONS	B	-1,000	NURSING ADMINISTRATION		13.00		0 33.04
33.05 MISC OTHER INCOME	B	0	HOUSEKEEPING		9.00		0 33.05
33.07 MISC OTHER INCOME	B	-7,643	NURSING ADMINISTRATION		13.00		0 33.07
33.08 MISC OTHER INCOME	B	-12,451	LABORATORY		60.00		0 33.08
33.09 MISC OTHER INCOME	B	-136,730	PHYSICAL THERAPY		66.00		0 33.09
33.10 ADVERTISING EXPENSE	A	-192,604	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 33.10
33.11 ADVERTISING EXPENSE	A	0	OTHER ADMINISTRATIVE AND GENERAL CC		5.07		0 33.11
33.13 PENSION ADJUSTMENT	A	0	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 33.13
33.14 CONTRIBUTIONS	A	-114	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 33.14
33.15 ELIMINATE RENTAL EXPENSE FOR VP OFFI	A	0	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 33.15
33.17 PURCHASE DISCOUNTS	A	0	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 33.17
35.00 LOBBYING	A	-14,307	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 35.00
36.00 DEPRECIATION	A	0	NEW CAP REL COSTS-BLDG & FIXT CC		1.01		9 36.00
37.00 DEPRECIATION	A	0	NEW CAP REL COSTS-MVBLE EQUIP		2.00		9 37.00
38.00 OTHER INCOME - CAFETERIA	B	-371,724	CAFETERIA		11.00		0 38.00
39.00 SALE OF MEDICAL RECORDS	B	0	RADIOLOGY-DIAGNOSTIC		54.00		0 39.00
40.00 LIQUOR EXPENSE	A	-7,407	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 40.00
41.00 LIQUOR EXPENSE	A	-2,315	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 41.00
41.01 LIQUOR EXPENSE	A	-11	OPERATION OF PLANT		7.00		0 41.01
41.02 LIQUOR EXPENSE	A	-2,207	NURSING ADMINISTRATION		13.00		0 41.02
41.03 LIQUOR EXPENSE	A	-99	PHARMACY		15.00		0 41.03
41.04 LIQUOR EXPENSE	A	-9	LABORATORY		60.00		0 41.04
41.05 LIQUOR EXPENSE	A	-21	PHYSICAL THERAPY		66.00		0 41.05
42.00 ENTERTAINMENT	A	-32,640	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 42.00
42.01 ENTERTAINMENT	A	-248	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 42.01
42.02 ENTERTAINMENT	A	-343	NURSING ADMINISTRATION		13.00		0 42.02
42.03 ENTERTAINMENT	A	-14	ADULTS & PEDIATRICS		30.00		0 42.03
42.04 ENTERTAINMENT	A	-83	LABORATORY		60.00		0 42.04
42.05 ENTERTAINMENT	A	-214	PHYSICAL THERAPY		66.00		0 42.05
42.06 ENTERTAINMENT	A	-14	OCCUPATIONAL THERAPY		67.00		0 42.06
43.00 REMOVE ASBESTOS ACCRUAL	A	0	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 43.00
44.00 MALPRACTICE EXPENSE	A	-721,635	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 44.00
45.00 SPONSORED PROGRAMS	A	-453,779	OTHER ADMINISTRATIVE AND GENERAL		5.06		0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,881,698					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-0185
 Period: From 01/01/2018 To 12/31/2018
 Worksheet A-8-1
 Date/Time Prepared: 5/29/2019 10:32 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	BJC CAP REL COSTS - BLDG & F	679,234	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	BJC CAP REL COSTS - MVBLE EQ	405,866	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	2,922,550	1,402,304
3.01	5.01	COMMUNICATIONS	BJC COMMUNICATIONS	0	408,404
3.02	5.02	DATA PROCESSING	BJC DATA PROCESSING	8,307,426	3,508,158
3.03	5.05	PATIENT ACCOUNTS	BJC PATIENT ACCOUNTS	0	4,250,366
3.04	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A&G	8,688,584	5,033,152
3.05	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	2,605,262	2,795,653
3.06	14.00	CENTRAL SERVICES & SUPPLY	BJC CENTRAL SUPPLY	1,209,002	1,489,265
3.07	16.00	MEDICAL RECORDS & LIBRARY	BJC MEDICAL RECORDS	167,429	1,098,389
3.08	113.00	INTEREST EXPENSE	BJC INTEREST EXPENSE	0	475,514
3.09	101.00	HOME HEALTH AGENCY	BJC HOME CARE SALARY EXPENSE	79,091	0
3.10	101.00	HOME HEALTH AGENCY	BJC HOME CARE OTHER EXPENSE	64,569	139,985
3.11	60.00	LABORATORY	BJH RELATED ORG BILLING	123,489	130,218
3.12	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	103,074	101,162
3.13	50.00	OPERATING ROOM	MI DWEST STONE	65,089	79,030
3.14	60.00	LABORATORY	LABORATORY SLCH	418	257
3.17	5.06	OTHER ADMINISTRATIVE AND GEN	BJC DIVISIONAL OVERHEAD	0	303,106
4.00	60.00	LABORATORY	LABORATORY CHRISTIAN HOSPITA	82,306	58,925
5.00	0		0	25,503,389	21,273,888

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

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

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

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

6.00	B		50.00	BJC HEALTHCARE	50.00	6.00
7.00	G	JOINT VENTURE	50.00	TFC	50.00	7.00
8.00	C		50.00	MI DWEST STONE	50.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				100.00

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

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

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

Provider CCN: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 10:32 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	679,234	9		1.00
2.00	405,866	9		2.00
3.00	1,520,246	0		3.00
3.01	-408,404	0		3.01
3.02	4,799,268	0		3.02
3.03	-4,250,366	0		3.03
3.04	3,655,432	0		3.04
3.05	-190,391	0		3.05
3.06	-280,263	0		3.06
3.07	-930,960	0		3.07
3.08	-475,514	11		3.08
3.09	79,091	0		3.09
3.10	-75,416	0		3.10
3.11	-6,729	0		3.11
3.12	1,912	0		3.12
3.13	-13,941	0		3.13
3.14	161	0		3.14
3.17	-303,106	0		3.17
4.00	23,381	0		4.00
5.00	4,229,501			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	TELECOMMUNICATI		7.00
8.00	LITHOTRIpsy PRO		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0185

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 10:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	42,268	0	42,268	179,000	220	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,293,066	401,338	891,728	179,000	7,107	2.00
3.00	5.07	OTHER ADMINISTRATIVE AND GENERAL CC	4,182	0	4,182	179,000	14	3.00
4.00	13.00	NURSING ADMINISTRATION	54,318	0	54,318	179,000	314	4.00
5.00	30.00	ADULTS & PEDIATRICS	5,278,182	5,278,182	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	2,315,178	2,315,178	0	0	0	6.00
7.00	44.00	SKILLED NURSING FACILITY	2,214	0	2,214	179,000	14	7.00
8.00	50.00	OPERATING ROOM	1,354,468	1,255,243	99,225	179,000	367	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	280,060	280,060	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	3,463,992	3,463,992	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	7,200	0	7,200	179,000	32	11.00
12.00	59.00	CARDIAC CATHETERIZATION	22,990	22,990	0	0	0	12.00
13.00	60.00	LABORATORY	151,230	95,230	56,000	179,000	310	13.00
14.00	66.00	PHYSICAL THERAPY	26,625	26,625	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	50,375	50,375	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	5,063	5,063	0	0	0	16.00
17.00	91.00	EMERGENCY	833,561	818,561	15,000	179,000	100	17.00
200.00			15,184,972	14,012,837	1,172,135		8,478	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	18,933	947	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	611,612	30,581	0	0	37,035	2.00
3.00	5.07	OTHER ADMINISTRATIVE AND GENERAL CC	1,205	60	0	0	0	3.00
4.00	13.00	NURSING ADMINISTRATION	27,022	1,351	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	133,343	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	44.00	SKILLED NURSING FACILITY	1,205	60	0	0	0	7.00
8.00	50.00	OPERATING ROOM	31,583	1,579	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	2,754	138	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	26,678	1,334	0	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	8,606	430	0	0	336,759	17.00
200.00			729,598	36,480	0	0	507,137	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	18,933	23,335	23,335	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	25,540	637,152	254,576	655,914	2.00
3.00	5.07	OTHER ADMINISTRATIVE AND GENERAL CC	0	1,205	2,977	2,977	3.00
4.00	13.00	NURSING ADMINISTRATION	0	27,022	27,296	27,296	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,278,182	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,315,178	6.00
7.00	44.00	SKILLED NURSING FACILITY	0	1,205	1,009	1,009	7.00
8.00	50.00	OPERATING ROOM	0	31,583	67,642	1,322,885	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	280,060	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	3,463,992	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	2,754	4,446	4,446	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	22,990	12.00
13.00	60.00	LABORATORY	0	26,678	29,322	124,552	13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	26,625	14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	50,375	15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	5,063	16.00
17.00	91.00	EMERGENCY	6,060	14,666	334	818,895	17.00
200.00			31,600	761,198	410,937	14,423,774	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,729,497	5,729,497			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	239,891	0	239,891		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	9,561,774			9,561,774	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,150,747	20,212	0	5,188	4,176,147
4.01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	4.01
5.01 01160	COMMUNICATIONS	216,659	6,206	0	69,730	7,594
5.02 00550	DATA PROCESSING	8,420,040	47,325	0	2,640,796	1,677
5.03 00560	PURCHASING RECEIVING AND STORES	38,628	53,595	0	0	632
5.04 00570	ADMINISTRATIVE	1,123,901	0	0	3,405	42,140
5.05 00580	PATIENT ACCOUNTS	2,204,322	22,063	0	2,155	67,231
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	31,739,872	450,421	0	373,894	315,723
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	234,133	0	20,854	0	201
7.00 00700	OPERATION OF PLANT	9,258,788	1,481,363	0	241,400	48,778
7.01 00701	OPERATION OF PLANT CC	236,454	0	12,252	25,258	3,765
8.00 00800	LAUNDRY & LINEN SERVICE	-534,902	42,385	1,850	0	2,528
9.00 00900	HOUSEKEEPING	4,617,940	69,572	0	19,135	105,991
9.01 00901	HOUSEKEEPING CC	289,287	0	2,642	558	6,962
10.00 01000	DIETARY	3,031,735	102,176	0	37,147	27,997
10.01 01001	DIETARY CC	785,228	0	10,236	0	35,875
11.00 01100	CAFETERIA	42,943	22,567	0	10,941	32,248
13.00 01300	NURSING ADMINISTRATION	3,596,570	51,157	0	415,122	115,522
14.00 01400	CENTRAL SERVICES & SUPPLY	2,321,592	39,002	0	163,253	31,168
14.01 01401	CENTRAL SERVICE & SUPPLY CC	-228	0	0	0	0
15.00 01500	PHARMACY	4,005,803	41,514	0	16,002	150,801
15.01 01501	PHARMACY CC	347,312	0	0	0	16,032
16.00 01600	MEDICAL RECORDS & LIBRARY	1,350,246	52,028	0	9,184	27,507
17.00 01700	SOCIAL SERVICE	821,820	4,152	0	0	25,219
17.01 01701	SOCIAL SERVICE CC	91,926	0	1,807	0	3,788
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,975,432	829,868	0	320,374	919,510
31.00 03100	INTENSIVE CARE UNIT	4,126,277	77,657	0	269,566	149,498
43.00 04300	NURSERY	889,320	13,016	0	0	33,152
44.00 04400	SKILLED NURSING FACILITY	5,772,255	0	170,130	106,655	203,969
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,753,732	597,155	0	1,723,812	401,691
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,751,318	126,036	0	114,306	64,103
53.00 05300	ANESTHESIOLOGY	738,593	11,100	0	153,367	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,689,359	131,738	0	609,931	113,076
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.02 05602	MISC NURSING OP	0	0	0	0	0
57.00 05700	CT SCAN	1,099,700	41,551	0	391,321	29,279
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	384,429	26,509	0	528,456	13,945
59.00 05900	CARDIAC CATHETERIZATION	1,737,928	87,089	0	309,974	59,603
60.00 06000	LABORATORY	6,900,419	149,438	0	200,429	203,383
65.00 06500	RESPIRATORY THERAPY	2,980,277	17,425	0	70,291	92,393
66.00 06600	PHYSICAL THERAPY	5,144,126	201,209	17,651	78,781	195,260
67.00 06700	OCCUPATIONAL THERAPY	2,117,493	26,692	1,209	31,753	83,086
68.00 06800	SPEECH PATHOLOGY	810,427	26,692	1,260	39,019	31,140
69.00 06900	ELECTROCARDIOLOGY	1,595,490	35,033	0	241,970	60,430
70.00 07000	ELECTROENCEPHALOGRAPHY	1,109,125	23,108	0	25,723	38,730
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,696,523	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,996,133	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	6,746,885	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	501,292	36,381	0	172	0
90.01 09001	DIABETIC EDUCATION OP	185,586	6,453	0	5,277	7,238
90.02 09002	PAIN MANAGEMENT	971,433	84,696	0	37,029	36,614
91.00 09100	EMERGENCY	8,857,248	188,514	0	166,050	294,865
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,488,535	28,993	0	5,580	52,290
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	213,941,313	5,272,091	239,891	9,463,004	4,152,634
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	426,687	38,306	0	5,850	5,349
194.00 07953	EMERGENCY PREPAREDNESS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.01 07950 NONREIMBURSABLE COST CENTER	657,955	419,100	0	92,920	18,164	194.01
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	215,025,955	5,729,497	239,891	9,561,774	4,176,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT CC	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.01	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0					4.01
5.01	01160	COMMUNICATIONS	0	300,189				5.01
5.02	00550	DATA PROCESSING	0	12,260	11,122,098			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,895	109,350	205,100		5.03
5.04	00570	ADMITTING	0	5,789	0	1,119	1,176,354	5.04
5.05	00580	PATIENT ACCOUNTS	0	16,176	386,370	3,424	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	25,200	701,054	15,735	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	0	955	0	5.07
7.00	00700	OPERATION OF PLANT	0	10,046	142,155	27,557	0	7.00
7.01	00701	OPERATION OF PLANT CC	0	170	0	210	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	511	6,075	0	0	8.00
9.00	00900	HOUSEKEEPING	0	681	70,470	16,037	0	9.00
9.01	00901	HOUSEKEEPING CC	0	170	0	321	0	9.01
10.00	01000	DIETARY	0	3,576	179,820	28,490	0	10.00
10.01	01001	DIETARY CC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	1,192	0	62	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	9,365	546,749	6,614	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,022	83,835	16,198	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	1	0	14.01
15.00	01500	PHARMACY	0	0	193,185	1,941	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,854	334,125	722	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,043	83,835	1	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	170	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	31,160	1,718,006	12,167	682,101	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,619	277,020	3,134	61,371	31.00
43.00	04300	NURSERY	0	1,022	64,395	0	23,125	43.00
44.00	04400	SKILLED NURSING FACILITY	0	8,173	456,840	2,837	386,367	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,308	1,512,673	16,830	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,703	218,700	1,312	23,390	52.00
53.00	05300	ANESTHESIOLOGY	0	1,022	0	902	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,049	554,039	4,908	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	3,065	0	1,798	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,362	19,440	193	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,960	122,715	2,549	0	59.00
60.00	06000	LABORATORY	0	14,814	507,869	14,806	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,554	187,110	2,205	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,195	643,949	4,442	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,362	83,835	250	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,532	64,395	326	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,897	173,745	1,043	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,065	148,230	1,274	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,811	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,703	38,880	73	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	1,022	19,440	124	0	90.01
90.02	09002	PAIN MANAGEMENT	0	10,387	308,610	1,815	0	90.02
91.00	09100	EMERGENCY	0	16,687	862,649	5,669	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,235	212,625	652	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	298,827	11,032,188	198,696	1,176,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,362	0	990	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	89,910	5,414	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	300,189	11,122,098	205,100	1,176,354	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PATIENT ACCOUNTS	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
		5.05	5A.05	5.06	5.07	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS	2,701,741				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	33,621,899	33,621,899		5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	256,143	47,349	303,492	5.07
7.00	00700	OPERATION OF PLANT	0	11,210,087	2,072,207	0	13,282,294
7.01	00701	OPERATION OF PLANT CC	0	278,109	51,409	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	-481,553	0	0	154,309
9.00	00900	HOUSEKEEPING	0	4,899,826	905,743	0	253,288
9.01	00901	HOUSEKEEPING CC	0	299,940	55,445	0	0
10.00	01000	DIETARY	0	3,410,941	630,519	0	371,990
10.01	01001	DIETARY CC	0	831,339	153,675	0	0
11.00	01100	CAFETERIA	0	109,953	20,325	0	82,160
13.00	01300	NURSING ADMINISTRATION	0	4,741,099	876,402	0	186,245
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,656,070	490,980	0	141,995
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	-227	0	0	0
15.00	01500	PHARMACY	0	4,409,246	815,058	0	151,139
15.01	01501	PHARMACY CC	0	363,344	67,165	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,782,666	329,529	0	189,416
17.00	01700	SOCIAL SERVICE	0	937,070	173,219	0	15,117
17.01	01701	SOCIAL SERVICE CC	0	97,691	18,058	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	287,865	30,776,483	5,689,030	0	3,021,277
31.00	03100	INTENSIVE CARE UNIT	54,195	5,024,337	928,759	0	282,722
43.00	04300	NURSERY	8,468	1,032,498	190,859	0	47,387
44.00	04400	SKILLED NURSING FACILITY	18,945	7,126,171	1,317,287	303,492	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	268,411	17,312,612	3,200,271	0	2,174,043
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,107	2,308,975	426,819	0	458,856
53.00	05300	ANESTHESIOLOGY	54,691	959,675	177,398	0	40,413
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,411	5,273,511	974,819	0	479,613
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	249,874	1,816,588	335,800	0	151,272
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50,149	1,024,483	189,378	0	96,510
59.00	05900	CARDIAC CATHETERIZATION	63,325	2,389,143	441,638	0	317,061
60.00	06000	LABORATORY	411,165	8,402,323	1,553,186	0	544,053
65.00	06500	RESPIRATORY THERAPY	111,380	3,463,635	640,260	0	63,439
66.00	06600	PHYSICAL THERAPY	117,750	6,412,363	1,185,338	0	732,534
67.00	06700	OCCUPATIONAL THERAPY	36,197	2,381,877	440,295	0	97,177
68.00	06800	SPEECH PATHOLOGY	9,466	984,257	181,942	0	97,177
69.00	06900	ELECTROCARDIOLOGY	154,815	2,273,423	420,247	0	127,545
70.00	07000	ELECTROENCEPHALOGRAPHY	37,170	1,386,425	256,283	0	84,129
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,030	6,733,553	1,244,711	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	92,196	15,088,329	2,789,108	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	283,515	7,037,211	1,300,843	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,525	584,026	107,958	0	132,451
90.01	09001	DIABETIC EDUCATION OP	205	225,345	41,655	0	23,493
90.02	09002	PAIN MANAGEMENT	23,097	1,473,681	272,413	0	308,351
91.00	09100	EMERGENCY	158,361	10,550,043	1,950,197	0	686,315
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,428	1,799,338	332,611	0	105,554
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,701,741	213,263,948	33,296,188	303,492	11,617,031
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	478,544	88,460	0	139,459
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0
194.01	07950	NONREIMBURSABLE COST CENTER	0	1,283,463	237,251	0	1,525,804
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	2,701,741	215,025,955	33,621,899	303,492	13,282,294

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B
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Cost Center Description		OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.01	8.00	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
7.00	00700						7.00
7.01	00701	329,518					7.01
8.00	00800	2,948	-324,296				8.00
9.00	00900	0	0	6,058,857			9.00
9.01	00901	4,210	0	0	359,595		9.01
10.00	01000	0	0	13,520	0	4,426,970	10.00
10.01	01001	16,312	0	0	18,196	0	10.01
11.00	01100	0	0	43,384	0	0	11.00
13.00	01300	0	0	33,034	0	0	13.00
14.00	01400	0	0	89,839	0	0	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	0	0	63,640	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
16.00	01600	0	0	29,963	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	2,879	0	0	3,212	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	2,421,602	0	4,072,694	30.00
31.00	03100	0	0	178,193	0	354,276	31.00
43.00	04300	0	0	22,039	0	0	43.00
44.00	04400	271,108	0	248	302,422	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	1,025,476	0	0	50.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	16,046	0	0	53.00
54.00	05400	0	0	193,447	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	0	0	20,751	0	0	57.00
58.00	05800	0	0	15,402	0	0	58.00
59.00	05900	0	0	145,655	0	0	59.00
60.00	06000	0	0	155,411	0	0	60.00
65.00	06500	0	0	13,471	0	0	65.00
66.00	06600	28,127	0	16,244	31,376	0	66.00
67.00	06700	1,927	0	0	2,150	0	67.00
68.00	06800	2,007	0	0	2,239	0	68.00
69.00	06900	0	0	112,473	0	0	69.00
70.00	07000	0	0	59,134	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	20,553	0	0	90.00
90.01	09001	0	0	14,115	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	0	623,972	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	12,778	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		329,518	0	5,340,390	359,595	4,426,970	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	98,655	0	0	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	0	0	619,812	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	-324,296	0	0	0	201.00
202.00		329,518	-324,296	6,058,857	359,595	4,426,970	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

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Part I
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Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	1,019,522					10.01
11.00	01100	CAFETERIA	0	255,822				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,343	5,842,123			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,158	0	3,387,042		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	-227	14.01
15.00	01500	PHARMACY	0	7,740	0	0	0	15.00
15.01	01501	PHARMACY CC	0	827	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,211	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,118	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	333	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	72,248	2,609,159	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,916	462,032	0	0	31.00
43.00	04300	NURSERY	0	2,172	136,606	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,019,522	17,276	353,384	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,222	1,138,862	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,883	184,694	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,788	46	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	2,041	3,987	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	914	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,586	113,112	0	0	59.00
60.00	06000	LABORATORY	0	15,875	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,880	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	15,086	16,201	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,001	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,657	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,814	41,252	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,102	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,045,582	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,341,460	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	361	14,055	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	2,543	88,247	0	0	90.02
91.00	09100	EMERGENCY	0	20,552	680,486	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,661	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,019,522	252,308	5,842,123	3,387,042	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	881	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	2,633	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	-227	201.00
202.00		TOTAL (sum lines 118 through 201)	1,019,522	255,822	5,842,123	3,387,042	-227	202.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

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Cost Center Description		PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
		15.00	15.01	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING CC					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY CC					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC					14.01
15.00	01500	PHARMACY	5,446,823				15.00
15.01	01501	PHARMACY CC	0	431,336			15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,335,785		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,127,524	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	398	0	786,577	879,294	0
31.00	03100	INTENSIVE CARE UNIT	93	0	70,778	79,124	0
43.00	04300	NURSERY	0	0	26,651	0	0
44.00	04400	SKILLED NURSING FACILITY	0	431,336	445,528	0	122,173
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,667	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5	0	0	0	0
53.00	05300	ANESTHESIOLOGY	385,050	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,266	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	166,381	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,573	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	104,418	0	0	0	0
60.00	06000	LABORATORY	3,328	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	161	0	0	0	0
66.00	06600	PHYSICAL THERAPY	587	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	937	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,738,617	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0
90.02	09002	PAIN MANAGEMENT	5,296	0	0	0	0
91.00	09100	EMERGENCY	46	0	992,057	169,106	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	14,194	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,446,823	431,336	2,335,785	1,127,524	122,173
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	5,446,823	431,336	2,335,785	1,127,524	122,173

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC				4.01
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	PATIENT ACCOUNTS				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC				5.07
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT CC				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING CC				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY CC				10.01
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC				14.01
15.00	01500	PHARMACY				15.00
15.01	01501	PHARMACY CC				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE CC				17.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,328,762	0	50,328,762	30.00
31.00	03100	INTENSIVE CARE UNIT	7,389,230	0	7,389,230	31.00
43.00	04300	NURSERY	1,458,212	0	1,458,212	43.00
44.00	04400	SKILLED NURSING FACILITY	11,709,947	0	11,709,947	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,886,153	0	24,886,153	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,383,232	0	3,383,232	52.00
53.00	05300	ANESTHESIOLOGY	1,578,582	0	1,578,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,938,490	0	6,938,490	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	56.02
57.00	05700	CT SCAN	2,496,820	0	2,496,820	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,350,260	0	1,350,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,514,613	0	3,514,613	59.00
60.00	06000	LABORATORY	10,674,176	0	10,674,176	60.00
65.00	06500	RESPIRATORY THERAPY	4,187,846	0	4,187,846	65.00
66.00	06600	PHYSICAL THERAPY	8,437,856	0	8,437,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,929,427	0	2,929,427	67.00
68.00	06800	SPEECH PATHOLOGY	1,269,279	0	1,269,279	68.00
69.00	06900	ELECTROCARDIOLOGY	2,979,691	0	2,979,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,789,073	0	1,789,073	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,023,846	0	9,023,846	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,218,897	0	20,218,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,076,671	0	13,076,671	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	844,988	0	844,988	90.00
90.01	09001	DIABETIC EDUCATION OP	319,024	0	319,024	90.01
90.02	09002	PAIN MANAGEMENT	2,150,531	0	2,150,531	90.02
91.00	09100	EMERGENCY	15,672,774	0	15,672,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,267,136	0	2,267,136	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	210,875,516	0	210,875,516	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	805,999	0	805,999	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	3,668,963	0	3,668,963	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
201.00	Negative Cost Centers	-324,523	0	-324,523	201.00
202.00	TOTAL (sum lines 118 through 201)	215,025,955	0	215,025,955	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 10:32 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,212	0	5,188	25,400
4.01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	0
5.01 01160	COMMUNICATIONS	0	6,206	0	69,730	75,936
5.02 00550	DATA PROCESSING	0	47,325	0	2,640,796	2,688,121
5.03 00560	PURCHASING RECEIVING AND STORES	0	53,595	0	0	53,595
5.04 00570	ADMITTING	0	0	0	3,405	3,405
5.05 00580	PATIENT ACCOUNTS	0	22,063	0	2,155	24,218
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	450,421	0	373,894	824,315
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	20,854	0	20,854
7.00 00700	OPERATION OF PLANT	0	1,481,363	0	241,400	1,722,763
7.01 00701	OPERATION OF PLANT CC	0	0	12,252	25,258	37,510
8.00 00800	LAUNDRY & LINEN SERVICE	0	42,385	1,850	0	44,235
9.00 00900	HOUSEKEEPING	0	69,572	0	19,135	88,707
9.01 00901	HOUSEKEEPING CC	0	0	2,642	558	3,200
10.00 01000	DIETARY	0	102,176	0	37,147	139,323
10.01 01001	DIETARY CC	0	0	10,236	0	10,236
11.00 01100	CAFETERIA	0	22,567	0	10,941	33,508
13.00 01300	NURSING ADMINISTRATION	0	51,157	0	415,122	466,279
14.00 01400	CENTRAL SERVICES & SUPPLY	0	39,002	0	163,253	202,255
14.01 01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00 01500	PHARMACY	0	41,514	0	16,002	57,516
15.01 01501	PHARMACY CC	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	52,028	0	9,184	61,212
17.00 01700	SOCIAL SERVICE	0	4,152	0	0	4,152
17.01 01701	SOCIAL SERVICE CC	0	0	1,807	0	1,807
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	829,868	0	320,374	1,150,242
31.00 03100	INTENSIVE CARE UNIT	0	77,657	0	269,566	347,223
43.00 04300	NURSERY	0	13,016	0	0	13,016
44.00 04400	SKILLED NURSING FACILITY	0	0	170,130	106,655	276,785
ANCLLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	597,155	0	1,723,812	2,320,967
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	126,036	0	114,306	240,342
53.00 05300	ANESTHESIOLOGY	0	11,100	0	153,367	164,467
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	131,738	0	609,931	741,669
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.02 05602	MISC NURSING OP	0	0	0	0	0
57.00 05700	CT SCAN	0	41,551	0	391,321	432,872
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	26,509	0	528,456	554,965
59.00 05900	CARDIAC CATHETERIZATION	0	87,089	0	309,974	397,063
60.00 06000	LABORATORY	0	149,438	0	200,429	349,867
65.00 06500	RESPIRATORY THERAPY	0	17,425	0	70,291	87,716
66.00 06600	PHYSICAL THERAPY	0	201,209	17,651	78,781	297,641
67.00 06700	OCCUPATIONAL THERAPY	0	26,692	1,209	31,753	59,654
68.00 06800	SPEECH PATHOLOGY	0	26,692	1,260	39,019	66,971
69.00 06900	ELECTROCARDIOLOGY	0	35,033	0	241,970	277,003
70.00 07000	ELECTROENCEPHALOGRAPHY	0	23,108	0	25,723	48,831
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	36,381	0	172	36,553
90.01 09001	DIABETIC EDUCATION OP	0	6,453	0	5,277	11,730
90.02 09002	PAIN MANAGEMENT	0	84,696	0	37,029	121,725
91.00 09100	EMERGENCY	0	188,514	0	166,050	354,564
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	28,993	0	5,580	34,573
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	5,272,091	239,891	9,463,004	14,974,986
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,306	0	5,850	44,156
194.00 07953	EMERGENCY PREPAREDNESS	0	0	0	0	0
194.01 07950	NONREIMBURSABLE COST CENTER	0	419,100	0	92,920	512,020

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 10:32 am		
Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal
			NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP	
		0	1.00	1.01	2.00	2A
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)	0	5,729,497	239,891	9,561,774	15,531,162 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS DEPARTMENT CC	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			4.00	4.01	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,400					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0				4.01
5.01	01160	COMMUNICATIONS	46	0	75,982			5.01
5.02	00550	DATA PROCESSING	10	0	3,103	2,691,234		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4	0	733	26,460	80,792	5.03
5.04	00570	ADMINITTING	256	0	1,465	0	441	5.04
5.05	00580	PATIENT ACCOUNTS	409	0	4,094	93,491	1,349	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,919	0	6,379	169,635	6,198	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	1	0	0	0	376	5.07
7.00	00700	OPERATION OF PLANT	296	0	2,543	34,397	10,855	7.00
7.01	00701	OPERATION OF PLANT CC	23	0	43	0	83	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	15	0	129	1,470	0	8.00
9.00	00900	HOUSEKEEPING	644	0	172	17,052	6,317	9.00
9.01	00901	HOUSEKEEPING CC	42	0	43	0	126	9.01
10.00	01000	DIETARY	170	0	905	43,511	11,225	10.00
10.01	01001	DIETARY CC	218	0	0	0	0	10.01
11.00	01100	CAFETERIA	196	0	302	0	24	11.00
13.00	01300	NURSING ADMINISTRATION	702	0	2,370	132,298	2,605	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	189	0	259	20,286	6,381	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	916	0	0	46,745	765	15.00
15.01	01501	PHARMACY CC	97	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	167	0	2,241	80,849	284	16.00
17.00	01700	SOCIAL SERVICE	153	0	517	20,286	1	17.00
17.01	01701	SOCIAL SERVICE CC	23	0	43	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,614	0	7,887	415,708	4,793	30.00
31.00	03100	INTENSIVE CARE UNIT	908	0	1,422	67,031	1,234	31.00
43.00	04300	NURSERY	201	0	259	15,582	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,239	0	2,069	110,542	1,117	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,441	0	9,696	366,024	6,629	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	390	0	431	52,919	517	52.00
53.00	05300	ANESTHESIOLOGY	0	0	259	0	355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	687	0	4,568	134,062	1,933	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	178	0	776	0	708	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85	0	345	4,704	76	58.00
59.00	05900	CARDIAC CATHETERIZATION	362	0	1,508	29,694	1,004	59.00
60.00	06000	LABORATORY	1,236	0	3,750	122,890	5,832	60.00
65.00	06500	RESPIRATORY THERAPY	561	0	646	45,275	869	65.00
66.00	06600	PHYSICAL THERAPY	1,187	0	2,327	155,818	1,750	66.00
67.00	06700	OCCUPATIONAL THERAPY	505	0	345	20,286	98	67.00
68.00	06800	SPEECH PATHOLOGY	189	0	388	15,582	128	68.00
69.00	06900	ELECTROCARDIOLOGY	367	0	2,758	42,041	411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235	0	776	35,867	502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,724	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	431	9,408	29	90.00
90.01	09001	DIABETIC EDUCATION OP	44	0	259	4,704	49	90.01
90.02	09002	PAIN MANAGEMENT	222	0	2,629	74,675	715	90.02
91.00	09100	EMERGENCY	1,792	0	4,224	208,737	2,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	318	0	819	51,449	257	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,257	0	75,637	2,669,478	78,269	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33	0	345	0	390	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	110	0	0	21,756	2,133	194.01
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)	25,400	0	75,982	2,691,234	80,792	202.00

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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 10:32 am	
Cost Center Description			ADMITTING	PATIENT ACCOUNTS	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
			5.04	5.05	5.06	5.07	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	5,567					5.04
5.05	00580	PATIENT ACCOUNTS	0	123,561				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,008,446			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	1,420	22,651		5.07
7.00	00700	OPERATION OF PLANT	0	0	62,149	0	1,833,003	7.00
7.01	00701	OPERATION OF PLANT CC	0	0	1,542	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	21,295	8.00
9.00	00900	HOUSEKEEPING	0	0	27,165	0	34,955	9.00
9.01	00901	HOUSEKEEPING CC	0	0	1,663	0	0	9.01
10.00	01000	DIETARY	0	0	18,910	0	51,336	10.00
10.01	01001	DIETARY CC	0	0	4,609	0	0	10.01
11.00	01100	CAFETERIA	0	0	610	0	11,338	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	26,285	0	25,703	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14,725	0	19,596	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	24,445	0	20,858	15.00
15.01	01501	PHARMACY CC	0	0	2,014	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9,883	0	26,140	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,195	0	2,086	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	542	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,229	13,114	170,697	0	416,943	30.00
31.00	03100	INTENSIVE CARE UNIT	290	2,469	27,855	0	39,017	31.00
43.00	04300	NURSERY	109	386	5,724	0	6,540	43.00
44.00	04400	SKILLED NURSING FACILITY	1,828	863	39,507	22,651	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,227	95,981	0	300,026	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	111	369	12,801	0	63,324	52.00
53.00	05300	ANESTHESIOLOGY	0	2,491	5,320	0	5,577	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,943	29,236	0	66,188	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	11,383	10,071	0	20,876	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,285	5,680	0	13,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,885	13,245	0	43,756	59.00
60.00	06000	LABORATORY	0	19,215	46,582	0	75,081	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,074	19,202	0	8,755	65.00
66.00	06600	PHYSICAL THERAPY	0	5,364	35,550	0	101,092	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,649	13,205	0	13,411	67.00
68.00	06800	SPEECH PATHOLOGY	0	431	5,457	0	13,411	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,053	12,604	0	17,602	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,693	7,686	0	11,610	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,687	37,331	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,200	83,650	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,915	39,014	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	252	3,238	0	18,279	90.00
90.01	09001	DIABETIC EDUCATION OP	0	9	1,249	0	3,242	90.01
90.02	09002	PAIN MANAGEMENT	0	1,052	8,170	0	42,554	90.02
91.00	09100	EMERGENCY	0	7,214	58,489	0	94,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	338	9,976	0	14,567	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,567	123,561	998,677	22,651	1,603,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,653	0	19,246	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	7,116	0	210,566	194.01
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)	5,567	123,561	1,008,446	22,651	1,833,003	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 10:32 am		
Cost Center Description			OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
			7.01	8.00	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC	39,201					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	351	67,495				8.00
9.00	00900	HOUSEKEEPING	0	0	175,012			9.00
9.01	00901	HOUSEKEEPING CC	501	0	0	5,575		9.01
10.00	01000	DIETARY	0	0	391	0	265,771	10.00
10.01	01001	DIETARY CC	1,941	0	0	282	0	10.01
11.00	01100	CAFETERIA	0	0	1,253	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	954	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,595	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	1,838	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	865	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	343	0	0	50	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	69,949	0	244,502	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,147	0	21,269	31.00
43.00	04300	NURSERY	0	0	637	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	32,251	0	7	4,689	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	29,621	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	464	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,588	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	599	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	445	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,207	0	0	59.00
60.00	06000	LABORATORY	0	0	4,489	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	389	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,346	0	469	486	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	229	0	0	33	0	67.00
68.00	06800	SPEECH PATHOLOGY	239	0	0	35	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,249	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,708	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	594	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	408	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	18,024	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	369	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,201	0	154,259	5,575	265,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,850	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	17,903	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	67,495	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	39,201	67,495	175,012	5,575	265,771	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 10:32 am	
Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	17,286					10.01
11.00	01100	CAFETERIA	0	47,231				11.00
13.00	01300	NURSING ADMINISTRATION	0	986	658,182			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,506	0	267,792		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	1,429	0	0	0	15.00
15.01	01501	PHARMACY CC	0	153	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	777	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	391	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	61	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	13,339	293,952	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,646	52,053	0	0	31.00
43.00	04300	NURSERY	0	401	15,390	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	17,286	3,190	39,813	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,657	128,306	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	717	20,808	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,622	5	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	377	449	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	169	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	662	12,743	0	0	59.00
60.00	06000	LABORATORY	0	2,931	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,270	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,785	1,825	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,108	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	306	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	704	4,648	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	573	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	82,669	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	185,123	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	67	1,583	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	470	9,942	0	0	90.02
91.00	09100	EMERGENCY	0	3,794	76,665	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	491	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,286	46,582	658,182	267,792		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	163	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	486	0	0	0	194.01
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)	17,286	47,231	658,182	267,792		202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 10:32 am		
Cost Center Description				PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC
				15.00	15.01	16.00	17.00	17.01
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC						14.01
15.00	01500	PHARMACY	154,512					15.00
15.01	01501	PHARMACY CC	0	2,264				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	182,418			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	32,781		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	2,869	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11	0	61,429	25,565	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3	0	5,528	2,300	0	31.00
43.00	04300	NURSERY	0	0	2,081	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,264	34,794	0	2,869	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	274	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,923	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	234	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	4,720	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	669	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,962	0	0	0	0	59.00
60.00	06000	LABORATORY	94	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	5	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	17	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	27	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,422	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	150	0	0	0	0	90.02
91.00	09100	EMERGENCY	1	0	77,477	4,916	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	1,109	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,512	2,264	182,418	32,781	2,869	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
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)	154,512	2,264	182,418	32,781	2,869	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
4.01	00401				4.01
5.01	01160				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
5.07	00590				5.07
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
10.00	01000				10.00
10.01	01001				10.01
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
15.01	01501				15.01
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,896,974	0	2,896,974	30.00
31.00	03100	575,395	0	575,395	31.00
43.00	04300	60,326	0	60,326	43.00
44.00	04400	593,764	0	593,764	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	3,276,849	0	3,276,849	50.00
52.00	05200	392,729	0	392,729	52.00
53.00	05300	189,856	0	189,856	53.00
54.00	05400	992,735	0	992,735	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.02	05602	0	0	0	56.02
57.00	05700	483,009	0	483,009	57.00
58.00	05800	582,742	0	582,742	58.00
59.00	05900	510,091	0	510,091	59.00
60.00	06000	631,967	0	631,967	60.00
65.00	06500	169,762	0	169,762	65.00
66.00	06600	609,657	0	609,657	66.00
67.00	06700	110,523	0	110,523	67.00
68.00	06800	103,137	0	103,137	68.00
69.00	06900	368,467	0	368,467	69.00
70.00	07000	109,481	0	109,481	70.00
71.00	07100	121,687	0	121,687	71.00
72.00	07200	272,973	0	272,973	72.00
73.00	07300	188,075	0	188,075	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	68,784	0	68,784	90.00
90.01	09001	23,344	0	23,344	90.01
90.02	09002	262,304	0	262,304	90.02
91.00	09100	912,844	0	912,844	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	114,266	0	114,266	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		14,621,741	0	14,621,741	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	69,836	0	69,836	190.00
194.00	07953	0	0	0	194.00
194.01	07950	772,090	0	772,090	194.01
200.00		0	0	0	200.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
201.00	Negative Cost Centers	67,495	0	67,495	201.00
202.00	TOTAL (sum lines 118 through 201)	15,531,162	0	15,531,162	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	625,063				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	33,325			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			7,791,707		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,205	0	4,228	86,906,952	4.00
4.01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	4.01
5.01 01160	COMMUNICATIONS	677	0	56,822	158,029	5.01
5.02 00550	DATA PROCESSING	5,163	0	2,151,931	34,897	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	5,847	0	0	13,160	5.03
5.04 00570	ADMINISTRATIVE	0	0	2,775	876,943	5.04
5.05 00580	PATIENT ACCOUNTS	2,407	0	1,756	1,399,102	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	49,139	0	304,679	6,570,313	5.06
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	2,897	0	4,182	5.07
7.00 00700	OPERATION OF PLANT	161,610	0	196,712	1,015,097	7.00
7.01 00701	OPERATION OF PLANT CC	0	1,702	20,582	78,360	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	4,624	257	0	52,604	8.00
9.00 00900	HOUSEKEEPING	7,590	0	15,593	2,205,710	9.00
9.01 00901	HOUSEKEEPING CC	0	367	455	144,879	9.01
10.00 01000	DIETARY	11,147	0	30,270	582,629	10.00
10.01 01001	DIETARY CC	0	1,422	0	746,574	10.01
11.00 01100	CAFETERIA	2,462	0	8,916	671,095	11.00
13.00 01300	NURSING ADMINISTRATION	5,581	0	338,275	2,404,060	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,255	0	133,032	648,618	14.00
14.01 01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00 01500	PHARMACY	4,529	0	13,040	3,138,232	15.00
15.01 01501	PHARMACY CC	0	0	0	333,623	15.01
16.00 01600	MEDICAL RECORDS & LIBRARY	5,676	0	7,484	572,440	16.00
17.00 01700	SOCIAL SERVICE	453	0	0	524,822	17.00
17.01 01701	SOCIAL SERVICE CC	0	251	0	78,823	17.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	90,535	0	261,067	19,135,153	30.00
31.00 03100	INTENSIVE CARE UNIT	8,472	0	219,664	3,111,106	31.00
43.00 04300	NURSERY	1,420	0	0	689,899	43.00
44.00 04400	SKILLED NURSING FACILITY	0	23,634	86,911	4,244,663	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	65,147	0	1,404,702	8,359,332	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	13,750	0	93,146	1,334,002	52.00
53.00 05300	ANESTHESIOLOGY	1,211	0	124,976	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,372	0	497,021	2,353,146	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.02 05602	MISC NURSING OP	0	0	0	0	56.02
57.00 05700	CT SCAN	4,533	0	318,880	609,296	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,892	0	430,629	290,197	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,501	0	252,592	1,240,354	59.00
60.00 06000	LABORATORY	16,303	0	163,326	4,232,475	60.00
65.00 06500	RESPIRATORY THERAPY	1,901	0	57,279	1,922,740	65.00
66.00 06600	PHYSICAL THERAPY	21,951	2,452	64,197	4,063,435	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,912	168	25,875	1,729,054	67.00
68.00 06800	SPEECH PATHOLOGY	2,912	175	31,796	648,028	68.00
69.00 06900	ELECTROCARDIOLOGY	3,822	0	197,177	1,257,577	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,521	0	20,961	805,989	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,969	0	140	0	90.00
90.01 09001	DIABETIC EDUCATION OP	704	0	4,300	150,617	90.01
90.02 09002	PAIN MANAGEMENT	9,240	0	30,174	761,960	90.02
91.00 09100	EMERGENCY	20,566	0	135,311	6,136,245	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,163	0	4,547	1,088,175	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	575,162	33,325	7,711,221	86,417,635	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,179	0	4,767	111,308	190.00
194.00 07953	EMERGENCY PREPAREDNESS	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
194.01	07950	NONREIMBURSABLE COST CENTER	45,722	0	75,719	378,009	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,729,497	239,891	9,561,774	4,176,147	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.166271	7.198530	1.227173	0.048053	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				25,400	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000292	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description			COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS	1,763					5.01
5.02	00550	DATA PROCESSING	72	9,154				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	17	90	2,299,827			5.03
5.04	00570	ADMITTING	34	0	12,547	75,541		5.04
5.05	00580	PATIENT ACCOUNTS	95	318	38,394	0	992,699,582	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	148	577	176,435	0	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	10,705	0	0	5.07
7.00	00700	OPERATION OF PLANT	59	117	308,997	0	0	7.00
7.01	00701	OPERATION OF PLANT CC	1	0	2,350	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3	5	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4	58	179,824	0	0	9.00
9.01	00901	HOUSEKEEPING CC	1	0	3,600	0	0	9.01
10.00	01000	DIETARY	21	148	319,496	0	0	10.00
10.01	01001	DIETARY CC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	7	0	693	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	55	450	74,162	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6	69	181,634	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	12	0	0	14.01
15.00	01500	PHARMACY	0	159	21,770	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	52	275	8,091	0	0	16.00
17.00	01700	SOCIAL SERVICE	12	69	15	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	1	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183	1,414	136,427	43,802	105,754,988	30.00
31.00	03100	INTENSIVE CARE UNIT	33	228	35,137	3,941	19,909,866	31.00
43.00	04300	NURSERY	6	53	0	1,485	3,111,053	43.00
44.00	04400	SKILLED NURSING FACILITY	48	376	31,808	24,811	6,960,068	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	225	1,245	188,712	0	98,607,856	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10	180	14,712	1,502	2,978,465	52.00
53.00	05300	ANESTHESIOLOGY	6	0	10,117	0	20,092,208	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106	456	55,038	0	55,992,414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	18	0	20,161	0	91,798,012	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8	16	2,164	0	18,423,526	58.00
59.00	05900	CARDIAC CATHETERIZATION	35	101	28,581	0	23,264,172	59.00
60.00	06000	LABORATORY	87	418	166,021	0	151,194,482	60.00
65.00	06500	RESPIRATORY THERAPY	15	154	24,728	0	40,918,605	65.00
66.00	06600	PHYSICAL THERAPY	54	530	49,807	0	43,258,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	69	2,799	0	13,297,944	67.00
68.00	06800	SPEECH PATHOLOGY	9	53	3,655	0	3,477,767	68.00
69.00	06900	ELECTROCARDIOLOGY	64	143	11,696	0	56,875,535	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18	122	14,284	0	13,655,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,603,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,870,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40	0	0	0	104,156,754	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10	32	817	0	2,029,870	90.00
90.01	09001	DIABETIC EDUCATION OP	6	16	1,394	0	75,184	90.01
90.02	09002	PAIN MANAGEMENT	61	254	20,352	0	8,485,181	90.02
91.00	09100	EMERGENCY	98	710	63,563	0	58,178,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	19	175	7,312	0	2,728,953	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,755	9,080	2,228,010	75,541	992,699,582	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	0	11,105	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	74	60,712	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
		(PHONES)	(% RESOURCES)	(STORE REQUISITIONS)			
		5.01	5.02	5.03	5.04	5.05	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	300,189	11,122,098	205,100	1,176,354	2,701,741	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	170.271696	1,214.998689	0.089181	15.572391	0.002722	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	75,982	2,691,234	80,792	5,567	123,561	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	43.098128	293.995412	0.035130	0.073695	0.000124	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: 14-0185

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL CC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	
		5A.06	5.06	5.07	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-33,621,899	181,885,836			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	256,143	1		5.07
7.00	00700	OPERATION OF PLANT	0	11,210,087	0	398,015	7.00
7.01	00701	OPERATION OF PLANT CC	0	278,109	0	0	28,726
8.00	00800	LAUNDRY & LINEN SERVICE	481,553	0	0	4,624	257
9.00	00900	HOUSEKEEPING	0	4,899,826	0	7,590	0
9.01	00901	HOUSEKEEPING CC	0	299,940	0	0	367
10.00	01000	DIETARY	0	3,410,941	0	11,147	0
10.01	01001	DIETARY CC	0	831,339	0	0	1,422
11.00	01100	CAFETERIA	0	109,953	0	2,462	0
13.00	01300	NURSING ADMINISTRATION	0	4,741,099	0	5,581	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,656,070	0	4,255	0
14.01	01401	CENTRAL SERVICE & SUPPLY CC	227	0	0	0	0
15.00	01500	PHARMACY	0	4,409,246	0	4,529	0
15.01	01501	PHARMACY CC	0	363,344	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,782,666	0	5,676	0
17.00	01700	SOCIAL SERVICE	0	937,070	0	453	0
17.01	01701	SOCIAL SERVICE CC	0	97,691	0	0	251
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	30,776,483	0	90,535	0
31.00	03100	INTENSIVE CARE UNIT	0	5,024,337	0	8,472	0
43.00	04300	NURSERY	0	1,032,498	0	1,420	0
44.00	04400	SKILLED NURSING FACILITY	0	7,126,171	1	0	23,634
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	17,312,612	0	65,147	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,308,975	0	13,750	0
53.00	05300	ANESTHESIOLOGY	0	959,675	0	1,211	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,273,511	0	14,372	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	0	1,816,588	0	4,533	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,024,483	0	2,892	0
59.00	05900	CARDIAC CATHETERIZATION	0	2,389,143	0	9,501	0
60.00	06000	LABORATORY	0	8,402,323	0	16,303	0
65.00	06500	RESPIRATORY THERAPY	0	3,463,635	0	1,901	0
66.00	06600	PHYSICAL THERAPY	0	6,412,363	0	21,951	2,452
67.00	06700	OCCUPATIONAL THERAPY	0	2,381,877	0	2,912	168
68.00	06800	SPEECH PATHOLOGY	0	984,257	0	2,912	175
69.00	06900	ELECTROCARDIOLOGY	0	2,273,423	0	3,822	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,386,425	0	2,521	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,733,553	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,088,329	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,037,211	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	584,026	0	3,969	0
90.01	09001	DIABETIC EDUCATION OP	0	225,345	0	704	0
90.02	09002	PAIN MANAGEMENT	0	1,473,681	0	9,240	0
91.00	09100	EMERGENCY	0	10,550,043	0	20,566	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,799,338	0	3,163	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-33,140,119	180,123,829	1	348,114	28,726
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	478,544	0	4,179	0
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0
194.01	07950	NONREIMBURSABLE COST CENTER	0	1,283,463	0	45,722	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL CC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	
		5A.06	5.06	5.07	7.00	7.01	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		33,621,899	303,492	13,282,294	329,518	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.184852	303,492.000000	33.371340	11.471072	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		1,008,446	22,651	1,833,003	39,201	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.005544	22,651.000000	4.605362	1.364652	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: 14-0185

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
		8.00	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITING					5.04
5.05	00580	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,064,908				8.00
9.00	00900	HOUSEKEEPING	0	122,338			9.00
9.01	00901	HOUSEKEEPING CC	0	0	28,102		9.01
10.00	01000	DIETARY	0	273	0	147,738	10.00
10.01	01001	DIETARY CC	0	0	1,422	0	10.01
11.00	01100	CAFETERIA	0	876	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	667	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,814	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00	01500	PHARMACY	0	1,285	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	605	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	251	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	384,567	48,896	0	135,915	30.00
31.00	03100	INTENSIVE CARE UNIT	60,502	3,598	0	11,823	31.00
43.00	04300	NURSERY	0	445	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	128,531	5	23,634	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	103,039	20,706	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,859	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	324	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,829	3,906	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	23,699	419	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,947	311	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,358	2,941	0	0	59.00
60.00	06000	LABORATORY	0	3,138	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	272	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,428	328	2,452	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	168	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	175	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,757	2,271	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,194	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	415	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	285	0	0	90.01
90.02	09002	PAIN MANAGEMENT	217,392	0	0	0	90.02
91.00	09100	EMERGENCY	0	12,599	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	258	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,064,908	107,831	28,102	147,738	73,977
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,992	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	12,515	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
		8.00	9.00	9.01	10.00	10.01	
202.00	Cost to be allocated (per Wkst. B, Part I)	-324,296	6,058,857	359,595	4,426,970	1,019,522	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	49.525552	12.796064	29.965006	13.781608	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	67,495	175,012	5,575	265,771	17,286	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.063381	1.430561	0.198384	1.798935	0.233667	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: 14-0185

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUISITIONS)	
		11.00	13.00	14.00	14.01	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100	99,877					11.00
13.00	01300	2,086	882,011				13.00
14.00	01400	3,185	0	21,692,656			14.00
14.01	01401	0	0	0	1		14.01
15.00	01500	3,022	0	0	0	7,755,237	15.00
15.01	01501	323	0	0	0	0	15.01
16.00	01600	1,644	0	0	0	0	16.00
17.00	01700	827	0	0	0	0	17.00
17.01	01701	130	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	28,205	393,916	0	0	566	30.00
31.00	03100	3,481	69,755	0	0	133	31.00
43.00	04300	848	20,624	0	0	0	43.00
44.00	04400	6,745	53,352	0	1	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,847	171,939	0	0	13,764	50.00
52.00	05200	1,516	27,884	0	0	7	52.00
53.00	05300	0	0	0	0	548,238	53.00
54.00	05400	3,431	7	0	0	11,769	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	797	602	0	0	236,895	57.00
58.00	05800	357	0	0	0	33,563	58.00
59.00	05900	1,400	17,077	0	0	148,672	59.00
60.00	06000	6,198	0	0	0	4,739	60.00
65.00	06500	2,686	0	0	0	229	65.00
66.00	06600	5,890	2,446	0	0	836	66.00
67.00	06700	2,343	0	0	0	0	67.00
68.00	06800	647	0	0	0	0	68.00
69.00	06900	1,489	6,228	0	0	1,334	69.00
70.00	07000	1,211	0	0	0	0	70.00
71.00	07100	0	0	6,696,523	0	0	71.00
72.00	07200	0	0	14,996,133	0	0	72.00
73.00	07300	0	0	0	0	6,746,885	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	141	2,122	0	0	0	90.01
90.02	09002	993	13,323	0	0	7,541	90.02
91.00	09100	8,024	102,736	0	0	66	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	1,039	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		98,505	882,011	21,692,656	1	7,755,237	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	344	0	0	0	0	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	1,028	0	0	0	0	194.01
200.00							200.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUISITIONS)	
		11.00	13.00	14.00	14.01	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	255,822	5,842,123	3,387,042	-227	5,446,823	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.561370	6.623640	0.156138	0.000000	0.702341	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	47,231	658,182	267,792	0	154,512	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.472892	0.746229	0.012345	0.000000	0.019924	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY CC (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)		
		15.01	16.00	17.00	17.01		
GENERAL SERVICE COST CENTERS							
1.00	00100					1.00	
1.01	00101					1.01	
2.00	00200					2.00	
4.00	00400					4.00	
4.01	00401					4.01	
5.01	01160					5.01	
5.02	00550					5.02	
5.03	00560					5.03	
5.04	00570					5.04	
5.05	00580					5.05	
5.06	00591					5.06	
5.07	00590					5.07	
7.00	00700					7.00	
7.01	00701					7.01	
8.00	00800					8.00	
9.00	00900					9.00	
9.01	00901					9.01	
10.00	01000					10.00	
10.01	01001					10.01	
11.00	01100					11.00	
13.00	01300					13.00	
14.00	01400					14.00	
14.01	01401					14.01	
15.00	01500					15.00	
15.01	01501	950				15.01	
16.00	01600	0	24,190			16.00	
17.00	01700	0	0	19,836		17.00	
17.01	01701	0	0	0	2,790	17.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	8,146	15,469	0	30.00	
31.00	03100	0	733	1,392	0	31.00	
43.00	04300	0	276	0	0	43.00	
44.00	04400	950	4,614	0	2,790	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	50.00	
52.00	05200	0	0	0	0	52.00	
53.00	05300	0	0	0	0	53.00	
54.00	05400	0	0	0	0	54.00	
55.00	05500	0	0	0	0	55.00	
56.00	05600	0	0	0	0	56.00	
56.02	05602	0	0	0	0	56.02	
57.00	05700	0	0	0	0	57.00	
58.00	05800	0	0	0	0	58.00	
59.00	05900	0	0	0	0	59.00	
60.00	06000	0	0	0	0	60.00	
65.00	06500	0	0	0	0	65.00	
66.00	06600	0	0	0	0	66.00	
67.00	06700	0	0	0	0	67.00	
68.00	06800	0	0	0	0	68.00	
69.00	06900	0	0	0	0	69.00	
70.00	07000	0	0	0	0	70.00	
71.00	07100	0	0	0	0	71.00	
72.00	07200	0	0	0	0	72.00	
73.00	07300	0	0	0	0	73.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	90.00	
90.01	09001	0	0	0	0	90.01	
90.02	09002	0	0	0	0	90.02	
91.00	09100	0	10,274	2,975	0	91.00	
92.00	09200	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	147	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		950	24,190	19,836	2,790	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	190.00	
194.00	07953	0	0	0	0	194.00	
194.01	07950	0	0	0	0	194.01	
200.00	Cross Foot Adjustments					200.00	

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)	
		15.01	16.00	17.00	17.01	
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	431,336	2,335,785	1,127,524	122,173	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	454.037895	96.559942	56.842307	43.789606	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,264	182,418	32,781	2,869	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.383158	7.541050	1.652601	1.028315	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 10:32 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		50,328,762	0	50,328,762	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,389,230	0	7,389,230	31.00	
43.00	04300 NURSERY		1,458,212	0	1,458,212	43.00	
44.00	04400 SKILLED NURSING FACILITY		11,709,947	1,009	11,710,956	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		24,886,153	67,642	24,953,795	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,383,232	0	3,383,232	52.00	
53.00	05300 ANESTHESIOLOGY		1,578,582	0	1,578,582	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,938,490	4,446	6,942,936	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
56.02	05602 MISC NURSING OP		0	0	0	56.02	
57.00	05700 CT SCAN		2,496,820	0	2,496,820	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,350,260	0	1,350,260	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,514,613	0	3,514,613	59.00	
60.00	06000 LABORATORY		10,674,176	29,322	10,703,498	60.00	
65.00	06500 RESPIRATORY THERAPY	0	4,187,846	0	4,187,846	65.00	
66.00	06600 PHYSICAL THERAPY	0	8,437,856	0	8,437,856	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,929,427	0	2,929,427	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,269,279	0	1,269,279	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,979,691	0	2,979,691	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,789,073	0	1,789,073	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,023,846	0	9,023,846	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		20,218,897	0	20,218,897	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		13,076,671	0	13,076,671	73.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		844,988	0	844,988	90.00	
90.01	09001 DIABETIC EDUCATION OP		319,024	0	319,024	90.01	
90.02	09002 PAIN MANAGEMENT		2,150,531	0	2,150,531	90.02	
91.00	09100 EMERGENCY		15,672,774	334	15,673,108	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,095,956	0	2,095,956	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		2,267,136	0	2,267,136	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		212,971,472	0	212,971,472	200.00	
201.00	Less Observation Beds		2,095,956		2,095,956	201.00	
202.00	Total (see instructions)		210,875,516	0	210,875,516	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	101,255,534		101,255,534		30.00
31.00	03100	INTENSIVE CARE UNIT	19,909,866		19,909,866		31.00
43.00	04300	NURSERY	3,111,053		3,111,053		43.00
44.00	04400	SKILLED NURSING FACILITY	6,960,068		6,960,068		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,528,908	62,078,948	98,607,856	0.252375	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,238,806	739,659	2,978,465	1.135898	52.00
53.00	05300	ANESTHESIOLOGY	10,279,383	9,812,825	20,092,208	0.078567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,148,772	44,843,642	55,992,414	0.123918	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	21,041,647	70,756,365	91,798,012	0.027199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,763,515	15,660,011	18,423,526	0.073290	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,599,980	12,664,192	23,264,172	0.151074	59.00
60.00	06000	LABORATORY	66,509,579	84,684,903	151,194,482	0.070599	60.00
65.00	06500	RESPIRATORY THERAPY	35,390,377	5,528,228	40,918,605	0.102346	65.00
66.00	06600	PHYSICAL THERAPY	21,288,470	21,970,044	43,258,514	0.195057	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,355,783	1,942,161	13,297,944	0.220292	67.00
68.00	06800	SPEECH PATHOLOGY	2,702,704	775,063	3,477,767	0.364970	68.00
69.00	06900	ELECTROCARDIOLOGY	21,668,919	35,206,616	56,875,535	0.052390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,480	13,537,094	13,655,574	0.131014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,825,748	6,778,112	13,603,860	0.663330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,394,590	10,476,133	33,870,723	0.596943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,352,907	30,803,847	104,156,754	0.125548	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,541	2,028,329	2,029,870	0.416277	90.00
90.01	09001	DIABETIC EDUCATION OP	0	75,184	75,184	4.243243	90.01
90.02	09002	PAIN MANAGEMENT	408	8,484,773	8,485,181	0.253446	90.02
91.00	09100	EMERGENCY	12,237,364	45,940,644	58,178,008	0.269393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	690,069	3,809,385	4,499,454	0.465825	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,728,953	2,728,953		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	501,374,471	491,325,111	992,699,582		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	501,374,471	491,325,111	992,699,582		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.253061	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.135898	52.00
53.00	05300	ANESTHESIOLOGY	0.078567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123998	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.02	05602	MISC NURSING OP	0.000000	56.02
57.00	05700	CT SCAN	0.027199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073290	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151074	59.00
60.00	06000	LABORATORY	0.070793	60.00
65.00	06500	RESPIRATORY THERAPY	0.102346	65.00
66.00	06600	PHYSICAL THERAPY	0.195057	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220292	67.00
68.00	06800	SPEECH PATHOLOGY	0.364970	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.663330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.596943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125548	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.416277	90.00
90.01	09001	DIABETIC EDUCATION OP	4.243243	90.01
90.02	09002	PAIN MANAGEMENT	0.253446	90.02
91.00	09100	EMERGENCY	0.269399	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.465825	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
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: 14-0185

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 10:32 am

		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	50,328,762		50,328,762	0	50,328,762	30.00
31.00	03100 INTENSIVE CARE UNIT	7,389,230		7,389,230	0	7,389,230	31.00
43.00	04300 NURSERY	1,458,212		1,458,212	0	1,458,212	43.00
44.00	04400 SKILLED NURSING FACILITY	11,709,947		11,709,947	1,009	11,710,956	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	24,886,153		24,886,153	67,642	24,953,795	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,383,232		3,383,232	0	3,383,232	52.00
53.00	05300 ANESTHESIOLOGY	1,578,582		1,578,582	0	1,578,582	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,938,490		6,938,490	4,446	6,942,936	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.02	05602 MISC NURSING OP	0		0	0	0	56.02
57.00	05700 CT SCAN	2,496,820		2,496,820	0	2,496,820	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,350,260		1,350,260	0	1,350,260	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,514,613		3,514,613	0	3,514,613	59.00
60.00	06000 LABORATORY	10,674,176		10,674,176	29,322	10,703,498	60.00
65.00	06500 RESPIRATORY THERAPY	4,187,846	0	4,187,846	0	4,187,846	65.00
66.00	06600 PHYSICAL THERAPY	8,437,856	0	8,437,856	0	8,437,856	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,929,427	0	2,929,427	0	2,929,427	67.00
68.00	06800 SPEECH PATHOLOGY	1,269,279	0	1,269,279	0	1,269,279	68.00
69.00	06900 ELECTROCARDIOLOGY	2,979,691		2,979,691	0	2,979,691	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,789,073		1,789,073	0	1,789,073	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,023,846		9,023,846	0	9,023,846	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20,218,897		20,218,897	0	20,218,897	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,076,671		13,076,671	0	13,076,671	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	844,988		844,988	0	844,988	90.00
90.01	09001 DIABETIC EDUCATION OP	319,024		319,024	0	319,024	90.01
90.02	09002 PAIN MANAGEMENT	2,150,531		2,150,531	0	2,150,531	90.02
91.00	09100 EMERGENCY	15,672,774		15,672,774	334	15,673,108	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,095,956		2,095,956		2,095,956	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,267,136		2,267,136		2,267,136	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	212,971,472	0	212,971,472	102,753	213,074,225	200.00
201.00	Less Observation Beds	2,095,956		2,095,956		2,095,956	201.00
202.00	Total (see instructions)	210,875,516	0	210,875,516	102,753	210,978,269	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 10:32 am

		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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	101,255,534		101,255,534		30.00
31.00	03100	INTENSIVE CARE UNIT	19,909,866		19,909,866		31.00
43.00	04300	NURSERY	3,111,053		3,111,053		43.00
44.00	04400	SKILLED NURSING FACILITY	6,960,068		6,960,068		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,528,908	62,078,948	98,607,856	0.252375	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,238,806	739,659	2,978,465	1.135898	52.00
53.00	05300	ANESTHESIOLOGY	10,279,383	9,812,825	20,092,208	0.078567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,148,772	44,843,642	55,992,414	0.123918	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	21,041,647	70,756,365	91,798,012	0.027199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,763,515	15,660,011	18,423,526	0.073290	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,599,980	12,664,192	23,264,172	0.151074	59.00
60.00	06000	LABORATORY	66,509,579	84,684,903	151,194,482	0.070599	60.00
65.00	06500	RESPIRATORY THERAPY	35,390,377	5,528,228	40,918,605	0.102346	65.00
66.00	06600	PHYSICAL THERAPY	21,288,470	21,970,044	43,258,514	0.195057	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,355,783	1,942,161	13,297,944	0.220292	67.00
68.00	06800	SPEECH PATHOLOGY	2,702,704	775,063	3,477,767	0.364970	68.00
69.00	06900	ELECTROCARDIOLOGY	21,668,919	35,206,616	56,875,535	0.052390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,480	13,537,094	13,655,574	0.131014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,825,748	6,778,112	13,603,860	0.663330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,394,590	10,476,133	33,870,723	0.596943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,352,907	30,803,847	104,156,754	0.125548	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,541	2,028,329	2,029,870	0.416277	90.00
90.01	09001	DIABETIC EDUCATION OP	0	75,184	75,184	4.243243	90.01
90.02	09002	PAIN MANAGEMENT	408	8,484,773	8,485,181	0.253446	90.02
91.00	09100	EMERGENCY	12,237,364	45,940,644	58,178,008	0.269393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	690,069	3,809,385	4,499,454	0.465825	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,728,953	2,728,953		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	501,374,471	491,325,111	992,699,582		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	501,374,471	491,325,111	992,699,582		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 10:32 am
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
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
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
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.02	05602	MISC NURSING OP	0.000000		56.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part I Date/Time Prepared: 5/29/2019 10:32 am	
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	2,896,974	0	2,896,974	47,088	61.52	30.00
31.00	INTENSIVE CARE UNIT	575,395		575,395	3,941	146.00	31.00
43.00	NURSERY	60,326		60,326	1,485	40.62	43.00
44.00	SKILLED NURSING FACILITY	593,764		593,764	24,811	23.93	44.00
200.00	Total (lines 30 through 199)	4,126,459		4,126,459	77,325		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	19,569	1,203,885				
31.00	INTENSIVE CARE UNIT	1,770	258,420				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	15,363	367,637				
200.00	Total (lines 30 through 199)	36,702	1,829,942				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 10:32 am
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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	3,276,849	98,607,856	0.033231	14,466,800	480,746	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	392,729	2,978,465	0.131856	20,025	2,640	52.00
53.00	05300 ANESTHESIOLOGY	189,856	20,092,208	0.009449	2,578,177	24,361	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	992,735	55,992,414	0.017730	5,329,843	94,498	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0.000000	0	0	56.02
57.00	05700 CT SCAN	483,009	91,798,012	0.005262	10,854,786	57,118	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	582,742	18,423,526	0.031630	1,168,095	36,947	58.00
59.00	05900 CARDIAC CATHETERIZATION	510,091	23,264,172	0.021926	6,559,428	143,822	59.00
60.00	06000 LABORATORY	631,967	151,194,482	0.004180	29,228,121	122,174	60.00
65.00	06500 RESPIRATORY THERAPY	169,762	40,918,605	0.004149	13,837,742	57,413	65.00
66.00	06600 PHYSICAL THERAPY	609,657	43,258,514	0.014093	2,854,313	40,226	66.00
67.00	06700 OCCUPATIONAL THERAPY	110,523	13,297,944	0.008311	1,190,949	9,898	67.00
68.00	06800 SPEECH PATHOLOGY	103,137	3,477,767	0.029656	562,166	16,672	68.00
69.00	06900 ELECTROCARDIOLOGY	368,467	56,875,535	0.006478	9,035,454	58,532	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	109,481	13,655,574	0.008017	116,384	933	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	121,687	13,603,860	0.008945	2,581,568	23,092	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	272,973	33,870,723	0.008059	10,514,290	84,735	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	188,075	104,156,754	0.001806	28,586,509	51,627	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	68,784	2,029,870	0.033886	1,541	52	90.00
90.01	09001 DIABETIC EDUCATION OP	23,344	75,184	0.310492	0	0	90.01
90.02	09002 PAIN MANAGEMENT	262,304	8,485,181	0.030913	0	0	90.02
91.00	09100 EMERGENCY	912,844	58,178,008	0.015691	5,387,559	84,536	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	120,645	4,499,454	0.026813	357,864	9,595	92.00
200.00	Total (lines 50 through 199)	10,501,661	858,734,108		145,231,614	1,399,617	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 10:32 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			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
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	47,088	0.00	19,569	30.00
31.00	03100	INTENSIVE CARE UNIT		0	3,941	0.00	1,770	31.00
43.00	04300	NURSERY		0	1,485	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	24,811	0.00	15,363	44.00
200.00		Total (lines 30 through 199)		0	77,325		36,702	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
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: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 10:32 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	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
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0185

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	98,607,856	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,978,465	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,092,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,992,414	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	91,798,012	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,423,526	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	23,264,172	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	151,194,482	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,918,605	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	43,258,514	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,297,944	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,477,767	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	56,875,535	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,655,574	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,603,860	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	33,870,723	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	104,156,754	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,029,870	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	75,184	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	8,485,181	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	58,178,008	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,499,454	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	858,734,108		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 10:32 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	14,466,800	0	15,681,614	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	20,025	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,578,177	0	1,791,519	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,329,843	0	9,837,754	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.000000	10,854,786	0	17,129,290	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,168,095	0	4,406,097	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,559,428	0	5,692,772	0	59.00
60.00	06000 LABORATORY	0.000000	29,228,121	0	9,317,649	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	13,837,742	0	539,249	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,854,313	0	1,248,513	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,190,949	0	6,226	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	562,166	0	4,145	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,035,454	0	9,888,854	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	116,384	0	4,531,095	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,581,568	0	1,713,906	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	10,514,290	0	3,201,241	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	28,586,509	0	13,901,090	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	1,541	0	1,887,122	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	2,809,716	0	90.02
91.00	09100 EMERGENCY	0.000000	5,387,559	0	7,930,413	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	357,864	0	987,012	0	92.00
200.00	Total (lines 50 through 199)		145,231,614	0	112,505,277	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 10:32 am
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.252375	15,681,614	0	0	3,957,647	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.135898	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.078567	1,791,519	0	0	140,754	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123918	9,837,754	0	0	1,219,075	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN	0.027199	17,129,290	0	0	465,900	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073290	4,406,097	0	0	322,923	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151074	5,692,772	0	0	860,030	59.00
60.00	06000	LABORATORY	0.070599	9,317,649	0	0	657,817	60.00
65.00	06500	RESPIRATORY THERAPY	0.102346	539,249	0	0	55,190	65.00
66.00	06600	PHYSICAL THERAPY	0.195057	1,248,513	0	0	243,531	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220292	6,226	0	0	1,372	67.00
68.00	06800	SPEECH PATHOLOGY	0.364970	4,145	0	0	1,513	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052390	9,888,854	0	0	518,077	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.131014	4,531,095	0	0	593,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.663330	1,713,906	0	0	1,136,885	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.596943	3,201,241	0	0	1,910,958	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125548	13,901,090	0	147,198	1,745,254	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.416277	1,887,122	0	0	785,565	90.00
90.01	09001	DIABETIC EDUCATION OP	4.243243	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.253446	2,809,716	0	0	712,111	90.02
91.00	09100	EMERGENCY	0.269393	7,930,413	0	0	2,136,398	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.465825	987,012	0	0	459,775	92.00
200.00		Subtotal (see instructions)		112,505,277	0	147,198	17,924,412	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		112,505,277	0	147,198	17,924,412	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 10:32 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISCS NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,480		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	18,480		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	18,480		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 10:32 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	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
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 10:32 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	98,607,856	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,978,465	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	20,092,208	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	55,992,414	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.02 05602 MISC NURSING OP	0	0	0	0	0.000000	56.02
57.00 05700 CT SCAN	0	0	0	91,798,012	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,423,526	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	23,264,172	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	151,194,482	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	40,918,605	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	43,258,514	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,297,944	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,477,767	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	56,875,535	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,655,574	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,603,860	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	33,870,723	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	104,156,754	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,029,870	0.000000	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	0	75,184	0.000000	90.01
90.02 09002 PAIN MANAGEMENT	0	0	0	8,485,181	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	58,178,008	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,499,454	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	858,734,108		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 10:32 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	720	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	182,482	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602 MIS NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.000000	2,762	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	50,113	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	16,989	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,357,025	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,024,379	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	10,073,420	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,880,608	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,196,295	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	148,634	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,096	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	441	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,458,101	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		28,394,065	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 10:32 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.252375	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.135898	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.078567	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.123918	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.000000	0	0	0	0	0	56.02
57.00 05700 CT SCAN	0.027199	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073290	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.151074	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.070599	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.102346	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.195057	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.220292	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.364970	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.052390	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.131014	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.663330	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.596943	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.125548	0	0	0	9,435	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.416277	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	4.243243	0	0	0	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0.253446	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.269393	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.465825	0	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	0	9,435	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	9,435	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 10:32 am
	Title XVIII	Skilled Nursing Facility	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
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
56.00 05600 RADIOISOTOPE	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	56.02
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,185	73.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	1,185	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	1,185	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 10:32 am
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.252375	0	1,088,882	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.135898	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.078567	0	183,701	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123918	0	1,411,552	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.027199	0	2,149,887	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073290	0	189,665	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151074	0	191,703	0	0	59.00
60.00	06000 LABORATORY	0.070599	0	2,506,889	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.102346	0	117,922	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.195057	0	170,617	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220292	0	144,777	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.364970	0	85,138	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.052390	0	512,392	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.131014	0	113,101	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.663330	0	126,014	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.596943	0	203,712	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125548	0	337,705	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.416277	0	5,072	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	4.243243	0	548	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.253446	0	8,450	0	0	90.02
91.00	09100 EMERGENCY	0.269393	0	2,887,862	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.465825	0	104,195	0	0	92.00
200.00	Subtotal (see instructions)		0	12,539,784	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		0	12,539,784	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 10:32 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	274,807	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	14,433	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	174,917	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MIC NURSING OP	0	0	56.02
57.00	05700 CT SCAN	58,475	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	13,901	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	28,961	0	59.00
60.00	06000 LABORATORY	176,984	0	60.00
65.00	06500 RESPIRATORY THERAPY	12,069	0	65.00
66.00	06600 PHYSICAL THERAPY	33,280	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	31,893	0	67.00
68.00	06800 SPEECH PATHOLOGY	31,073	0	68.00
69.00	06900 ELECTROCARDIOLOGY	26,844	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	14,818	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	83,589	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	121,604	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,398	0	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2,111	0	90.00
90.01	09001 DIABETIC EDUCATION OP	2,325	0	90.01
90.02	09002 PAIN MANAGEMENT	2,142	0	90.02
91.00	09100 EMERGENCY	777,970	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	48,537	0	92.00
200.00	Subtotal (see instructions)	1,973,131	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,973,131	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,088	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,088	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.		7,800	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		37,327	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)		19,569	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)		50,328,762	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)		50,328,762	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		99,633,619	28.00
29.00	Private room charges (excluding swing-bed charges)		17,971,034	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		81,662,585	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.505138	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,303.98	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,187.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		116.22	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		58.71	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		457,938	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		49,870,824	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)		1,068.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,915,739	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)		20,915,739	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,389,230	3,941	1,874.96	1,770	3,318,679	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,113,860	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,348,278	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)					1,462,305	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,399,617	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,861,922	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,486,356	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)					1,961	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,068.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,095,956	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,896,974	50,328,762	0.057561	2,095,956	120,645	90.00
91.00	Nursing School cost	0	50,328,762	0.000000	2,095,956	0	91.00
92.00	Allied health cost	0	50,328,762	0.000000	2,095,956	0	92.00
93.00	All other Medical Education	0	50,328,762	0.000000	2,095,956	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			24,811 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			24,811 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.			1,510 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			23,301 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)			15,363 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)			11,710,956 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)			11,710,956 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			6,959,601 28.00
29.00	Private room charges (excluding swing-bed charges)			437,890 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			6,521,711 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.682705 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			289.99 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			279.89 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			10.10 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			17.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			25,670 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			11,685,286 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am			
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							42.00	
43.00	INTENSIVE CARE UNIT							43.00	
44.00	CORONARY CARE UNIT							44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00	
46.00	SURGICAL INTENSIVE CARE UNIT							46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description								1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							49.00	
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)							52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							53.00	
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							54.00	
55.00	Target amount per discharge							55.00	
56.00	Target amount (line 54 x line 55)							56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57.00	
58.00	Bonus payment (see instructions)							58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61.00	
62.00	Relief payment (see instructions)							62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							11,685,286	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							470.97	71.00
72.00	Program routine service cost (line 9 x line 71)							7,235,512	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							7,235,512	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)							0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							0	80.00
81.00	Inpatient routine service cost per diem limitation							0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)							7,235,512	83.00
84.00	Program inpatient ancillary services (see instructions)							4,919,283	84.00
85.00	Utilization review - physician compensation (see instructions)							0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							12,154,795	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: 14-0185 Component CCN: 14-5102		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2019 10:32 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,088	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,088	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.		7,800	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		37,327	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,326	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,485	15.00
16.00	Nursery days (title V or XIX only)		1,164	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)		50,328,762	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)		50,328,762	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		99,633,619	28.00
29.00	Private room charges (excluding swing-bed charges)		17,971,034	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		81,662,585	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.505138	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,303.98	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,187.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		116.22	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		58.71	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		457,938	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		49,870,824	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)		1,059.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,463,467	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,463,467	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1,458,212	1,485	981.96	1,143,001	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,389,230	3,941	1,874.96	1,241,224	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,702,715	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				6,550,407	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0 54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				1,961	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,068.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,095,956	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 10:32 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,896,974	50,328,762	0.057561	2,095,956	120,645	90.00
91.00	Nursing School cost	0	50,328,762	0.000000	2,095,956	0	91.00
92.00	Allied health cost	0	50,328,762	0.000000	2,095,956	0	92.00
93.00	All other Medical Education	0	50,328,762	0.000000	2,095,956	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 10:32 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		44,388,779		30.00
31.00	03100 INTENSIVE CARE UNIT		8,929,535		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.253061	14,466,800	3,660,983	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.135898	20,025	22,746	52.00
53.00	05300 ANESTHESIOLOGY	0.078567	2,578,177	202,560	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123998	5,329,843	660,890	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MISC NURSING OP	0.000000	0	0	56.02
57.00	05700 CT SCAN	0.027199	10,854,786	295,239	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073290	1,168,095	85,610	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151074	6,559,428	990,959	59.00
60.00	06000 LABORATORY	0.070793	29,228,121	2,069,146	60.00
65.00	06500 RESPIRATORY THERAPY	0.102346	13,837,742	1,416,238	65.00
66.00	06600 PHYSICAL THERAPY	0.195057	2,854,313	556,754	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220292	1,190,949	262,357	67.00
68.00	06800 SPEECH PATHOLOGY	0.364970	562,166	205,174	68.00
69.00	06900 ELECTROCARDIOLOGY	0.052390	9,035,454	473,367	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.131014	116,384	15,248	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.663330	2,581,568	1,712,432	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.596943	10,514,290	6,276,432	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125548	28,586,509	3,588,979	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.416277	1,541	641	90.00
90.01	09001 DIABETIC EDUCATION OP	4.243243	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.253446	0	0	90.02
91.00	09100 EMERGENCY	0.269399	5,387,559	1,451,403	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.465825	357,864	166,702	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		145,231,614	24,113,860	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)		145,231,614		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.253061	720	182 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.135898	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.078567	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123998	182,482	22,627 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602 MISC NURSING OP	0.000000	0	0 56.02
57.00	05700 CT SCAN	0.027199	2,762	75 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073290	50,113	3,673 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151074	16,989	2,567 59.00
60.00	06000 LABORATORY	0.070793	2,357,025	166,861 60.00
65.00	06500 RESPIRATORY THERAPY	0.102346	2,024,379	207,187 65.00
66.00	06600 PHYSICAL THERAPY	0.195057	10,073,420	1,964,891 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220292	5,880,608	1,295,451 67.00
68.00	06800 SPEECH PATHOLOGY	0.364970	1,196,295	436,612 68.00
69.00	06900 ELECTROCARDIOLOGY	0.052390	148,634	7,787 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.131014	2,096	275 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.663330	441	293 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.596943	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125548	6,458,101	810,802 73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.416277	0	0 90.00
90.01	09001 DIABETIC EDUCATION OP	4.243243	0	0 90.01
90.02	09002 PAIN MANAGEMENT	0.253446	0	0 90.02
91.00	09100 EMERGENCY	0.269399	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.465825	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		28,394,065	4,919,283 200.00
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)		28,394,065	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 10:32 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		3,174,970		30.00
31.00	03100 INTENSIVE CARE UNIT		730,361		31.00
43.00	04300 NURSERY		1,662,821		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.252375	801,571	202,296	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.135898	382,610	434,606	52.00
53.00	05300 ANESTHESIOLOGY	0.078567	536,190	42,127	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123918	362,997	44,982	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MIS NURSING OP	0.000000	0	0	56.02
57.00	05700 CT SCAN	0.027199	885,199	24,077	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073290	79,572	5,832	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151074	385,573	58,250	59.00
60.00	06000 LABORATORY	0.070599	2,377,772	167,868	60.00
65.00	06500 RESPIRATORY THERAPY	0.102346	866,380	88,671	65.00
66.00	06600 PHYSICAL THERAPY	0.195057	48,464	9,453	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220292	29,733	6,550	67.00
68.00	06800 SPEECH PATHOLOGY	0.364970	43,498	15,875	68.00
69.00	06900 ELECTROCARDIOLOGY	0.052390	676,240	35,428	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.131014	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.663330	158,574	105,187	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.596943	92,003	54,921	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125548	2,425,728	304,545	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.416277	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	4.243243	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.253446	0	0	90.02
91.00	09100 EMERGENCY	0.269393	378,803	102,047	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.465825	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,530,907	1,702,715	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)		10,530,907		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		28,056,396	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,412,958	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)		741,631	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		17,704,446	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		216.63	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.05	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.69	31.00
32.00	Sum of lines 30 and 31		27.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.10	33.00
34.00	Disproportionate share adjustment (see instructions)		1,133,448	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000307138	0.000236170	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,078,309	1,953,803	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,554,461	492,466	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,046,927		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	41,391,360		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)		41,391,360	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,243,177	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		44,634,537	59.00
60.00	Primary payer payments		1,042	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		44,633,495	61.00
62.00	Deductibles billed to program beneficiaries		3,913,896	62.00
63.00	Coinurance billed to program beneficiaries		99,160	63.00
64.00	Allowable bad debts (see instructions)		826,547	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		537,256	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		823,300	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,157,695	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)		256,779	70.93
70.94	HRR adjustment amount (see instructions)		-221,034	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		111,636	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,081,804	71.00
71.01	Sequestration adjustment (see instructions)		821,636	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		39,954,289	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)		305,879	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,401,414	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0185

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 10:32 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,056,396	0	28,056,396		28,056,396	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,412,958	0		9,412,958	9,412,958	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	741,631	0	554,699	186,932	741,631	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,704,446	0	13,241,952	4,462,494	17,704,446	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1210	0.1210	0.1210	0.1210		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,133,448	0	848,706	284,742	1,133,448	11.00
11.01	Uncompensated care payments	36.00	2,046,927	0	1,554,461	492,466	2,046,927	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	41,391,360	0	31,014,262	10,377,098	41,391,360	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	41,391,360	0	31,014,262	10,377,098	41,391,360	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,243,177	0	2,429,698	813,479	3,243,177	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0185

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 10:32 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	33,443,960	11,190,577	44,634,537	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,027,865	0	2,267,325	760,540	3,027,865	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,301	0	31,321	8,980	40,301	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0578	0.0578	0.0578	0.0578		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	175,011	0	131,052	43,959	175,011	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,243,177	0	2,429,698	813,479	3,243,177	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0185

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 10:32 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,056,396	28,056,396		28,056,396	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,412,958		9,412,958	9,412,958	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	741,631	598,140	143,491	741,631	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,704,446	12,843,203	4,861,243	17,704,446	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1210	0.1210	0.1210		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,133,448	848,706	284,742	1,133,448	11.00
11.01	Uncompensated care payments	36.00	2,046,927	1,554,461	492,466	2,046,927	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	41,391,360	31,057,703	10,333,657	41,391,360	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	41,391,360	31,057,703	10,333,657	41,391,360	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,243,177	2,429,698	813,479	3,243,177	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,487,401	11,147,136	44,634,537	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0185

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 10:32 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,027,865	2,267,325	760,540	3,027,865	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,301	31,321	8,980	40,301	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0578	0.0578	0.0578		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	175,011	131,052	43,959	175,011	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,243,177	2,429,698	813,479	3,243,177	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	256,779	190,470	66,309	256,779	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-221,034	-171,145	-49,889	-221,034	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	111,636	111,636	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,480	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,924,412	2.00
3.00	OPPS payments		16,398,245	3.00
4.00	Outlier payment (see instructions)		63,020	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,480	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		147,198	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)		147,198	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)		147,198	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		128,718	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)		18,480	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)		16,461,265	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,221,766	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)		13,257,979	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,257,979	30.00
31.00	Primary payer payments		10,262	31.00
32.00	Subtotal (line 30 minus line 31)		13,247,717	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)		398,840	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		259,246	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		395,594	36.00
37.00	Subtotal (see instructions)		13,506,963	37.00
38.00	MSP-LCC reconciliation amount from PS&R		256	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)		13,506,707	40.00
40.01	Sequestration adjustment (see instructions)		270,134	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		13,387,144	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-150,571	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,185	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,185	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,435	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)		9,435	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)		9,435	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,250	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)		1,185	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			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)		1,185	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,185	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,185	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,185	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment 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)		1,185	40.00
40.01	Sequestration adjustment (see instructions)		24	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,849	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-688	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0185

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 10:32 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		39,787,956		13,341,754	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	07/30/2018	166,333	07/30/2018	45,390	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)		166,333		45,390	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)		39,954,289		13,387,144	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		305,879		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		150,571	6.02	
7.00	Total Medicare program liability (see instructions)		40,260,168		13,236,573	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: 14-0185
Component CCN: 14-5102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 10:32 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,461,910		1,849	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,461,910		1,849	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		688	6.02
7.00	Total Medicare program liability (see instructions)		6,461,910		1,161	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: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VI Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		7,525,421	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		7,525,421	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		931,635	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		6,593,786	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		6,593,786	15.00
15.01	Sequestration adjustment (see instructions)		131,876	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		6,461,910	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0185

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

Worksheet G

Date/Time Prepared:
5/29/2019 10:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,399,679	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	36,686,002	0	0	0	4.00
5.00	Other receivable	2,441,150	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,552,227	0	0	0	6.00
7.00	Inventory	2,623,349	0	0	0	7.00
8.00	Prepaid expenses	406,095	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	51,004,048	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,930,000	0	0	0	12.00
13.00	Land improvements	2,433,114	0	0	0	13.00
14.00	Accumulated depreciation	-651,161	0	0	0	14.00
15.00	Buildings	30,072,191	0	0	0	15.00
16.00	Accumulated depreciation	-4,185,231	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	11,705,425	0	0	0	19.00
20.00	Accumulated depreciation	-4,807,292	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	40,232,751	0	0	0	23.00
24.00	Accumulated depreciation	-22,146,734	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)	54,583,063	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,164,049	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	18,732,637	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,896,686	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	125,483,797	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,864,192	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,582,224	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	37,359,265	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,805,681	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	41,486,265	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,058,050	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,544,315	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	97,349,996	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	28,133,801				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)	28,133,801	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	125,483,797	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0185

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 10:32 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		30,762,195		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,582,019			2.00
3.00	Total (sum of line 1 and line 2)		28,180,176		0	3.00
4.00	NONOPERATING INCOME	194,125		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)		194,125		0	10.00
11.00	Subtotal (line 3 plus line 10)		28,374,301		0	11.00
12.00	TRANSFER TO/FROM BJC ENTITIES	240,500		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)		240,500		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		28,133,801		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	NONOPERATING INCOME		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	TRANSFER TO/FROM BJC ENTITIES		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: 14-0185

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 10:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	99,633,619		99,633,619	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	6,959,601		6,959,601	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	106,593,220		106,593,220	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,909,866		19,909,866	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,909,866		19,909,866	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	126,503,086		126,503,086	17.00
18.00	Ancillary services	352,586,435	441,849,395	794,435,830	18.00
19.00	Outpatient services	12,252,145	56,828,137	69,080,282	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,728,953	2,728,953	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETICIAN	0	160,059	160,059	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	491,341,666	501,566,544	992,908,210	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		228,907,653		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		228,907,653		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0185

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 10:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	992,908,210	1.00
2.00	Less contractual allowances and discounts on patients' accounts	755,564,535	2.00
3.00	Net patient revenues (line 1 minus line 2)	237,343,675	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	228,907,653	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,436,022	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	398,454	6.00
7.00	Income from investments	210,410	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	1,556,293	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	3,437	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-145,703	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,091,282	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICARE HIT	0	24.00
24.01	BJC OTHER OPERATING REVENUE	503,658	24.01
24.02	MISC OTHER OPERATING REVENUE	360,342	24.02
25.00	Total other income (sum of lines 6-24)	3,978,173	25.00
26.00	Total (line 5 plus line 25)	12,414,195	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	14,996,214	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	14,996,214	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,582,019	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2018 To 12/31/2018	Worksheet H Date/Time Prepared: 5/29/2019 10:32 am
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			Home Health Agency I	PPS			
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	

GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		4,547	4,547	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	54,830	13,927	72	1,334	64,320	134,483	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	684,704	173,921	30,408	-5,911	0	883,122	6.00
7.00	Physical Therapy	283,002	71,885	22,655	3,151	0	380,693	7.00
8.00	Occupational Therapy	42,485	10,792	1,615	0	0	54,892	8.00
9.00	Speech Pathology	20,154	5,119	662	0	0	25,935	9.00
10.00	Medical Social Services	0	0	0	2,250	0	2,250	10.00
11.00	Home Health Aide	0	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	27,919	27,919	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,085,175	275,644	55,412	824	96,786	1,513,841	24.00

	Reclassified	Reclassified	Adjustments	Net Expenses		
	7.00	8.00	9.00	10.00		
	on	Trial Balance (col. 6 + col. 7)		for Allocation (col. 8 + col. 9)		

GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	-4,547	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	134,483	3,675	138,158			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	3,000	886,122	0	886,122			6.00
7.00	Physical Therapy	0	380,693	0	380,693			7.00
8.00	Occupational Therapy	0	54,892	0	54,892			8.00
9.00	Speech Pathology	0	25,935	0	25,935			9.00
10.00	Medical Social Services	0	2,250	0	2,250			10.00
11.00	Home Health Aide	0	0	0	0			11.00
12.00	Supplies (see instructions)	-27,434	485	0	485			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)	-28,981	1,484,860	3,675	1,488,535			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
5/29/2019 10:32 am

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0185	Period: From 01/01/2018	Worksheet H-1
		HHA CCN: 14-7443	To 12/31/2018	Part I
				Date/Time Prepared: 5/29/2019 10:32 am
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	138,158	0	0	0	138,158	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	886,122	0	0	0	886,122	6.00
7.00	Physical Therapy	380,693	0	0	0	380,693	7.00
8.00	Occupational Therapy	54,892	0	0	0	54,892	8.00
9.00	Speech Pathology	25,935	0	0	0	25,935	9.00
10.00	Medical Social Services	2,250	0	0	0	2,250	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	485	0	0	0	485	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,488,535	0	0	0	1,488,535	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	138,158					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	90,660	976,782				6.00
7.00	Physical Therapy	38,949	419,642				7.00
8.00	Occupational Therapy	5,616	60,508				8.00
9.00	Speech Pathology	2,653	28,588				9.00
10.00	Medical Social Services	230	2,480				10.00
11.00	Home Health Aide	0	0				11.00
12.00	Supplies (see instructions)	50	535				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,488,535				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0185 HHA CCN: 14-7443		Period: From 01/01/2018 To 12/31/2018		Worksheet H-1 Part II Date/Time Prepared: 5/29/2019 10:32 am	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-138,158	1,350,377
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	886,122
7.00	Physical Therapy	0	0	0	0	0	380,693
8.00	Occupational Therapy	0	0	0	0	0	54,892
9.00	Speech Pathology	0	0	0	0	0	25,935
10.00	Medical Social Services	0	0	0	0	0	2,250
11.00	Home Health Aide	0	0	0	0	0	0
12.00	Supplies (see instructions)	0	0	0	0	0	485
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	0	0	-138,158	1,350,377
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		138,158
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.102311

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2018

Part I
Date/Time Prepared: 5/29/2019 10:32 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS DEPARTMENT CC	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0	28,993	0	5,580	2,635	0	1.00
1.00 Administrative and General	0	28,993	0	5,580	2,635	0	1.00
2.00 Skilled Nursing Care	976,782	0	0	0	33,046	0	2.00
3.00 Physical Therapy	419,642	0	0	0	13,599	0	3.00
4.00 Occupational Therapy	60,508	0	0	0	2,042	0	4.00
5.00 Speech Pathology	28,588	0	0	0	968	0	5.00
6.00 Medical Social Services	2,480	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)	535	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)	1,488,535	28,993	0	5,580	52,290	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	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	PATIENT ACCOUNTS	Subtotal	
	5.01	5.02	5.03	5.04	5.05	5A.05	
1.00 Administrative and General	3,235	212,625	652	0	7,428	261,148	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,009,828	2.00
3.00 Physical Therapy	0	0	0	0	0	433,241	3.00
4.00 Occupational Therapy	0	0	0	0	0	62,550	4.00
5.00 Speech Pathology	0	0	0	0	0	29,556	5.00
6.00 Medical Social Services	0	0	0	0	0	2,480	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	535	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)	3,235	212,625	652	0	7,428	1,799,338	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2018

Part I Date/Time Prepared: 5/29/2019 10:32 am

Home Health Agency I

PPS

Cost Center Description		OTHER	OTHER	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL CC	PLANT	PLANT CC	LINEN SERVICE		
		5.06	5.07	7.00	7.01	8.00	9.00	
1.00	Administrative and General	48,274	0	105,554	0	0	12,778	1.00
2.00	Skilled Nursing Care	186,670	0	0	0	0	0	2.00
3.00	Physical Therapy	80,085	0	0	0	0	0	3.00
4.00	Occupational Therapy	11,562	0	0	0	0	0	4.00
5.00	Speech Pathology	5,463	0	0	0	0	0	5.00
6.00	Medical Social Services	458	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)	99	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)	332,611	0	105,554	0	0	12,778	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		HOUSEKEEPING	DIETARY	DIETARY CC	CAFETERIA	NURSING	CENTRAL	
		CC				ADMINISTRATIVE	SERVICES & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	2,661	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	2,661	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2018

Part I
Date/Time Prepared:
5/29/2019 10:32 am

Home Health Agency I

PPS

Cost Center Description		CENTRAL SERVICE & SUPPLY CC	PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
		14.01	15.00	15.01	16.00	17.00	17.01	
1.00	Administrative and General	0	0	0	14,194	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	14,194	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		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	444,609	0	444,609				1.00
2.00	Skilled Nursing Care	1,196,498	0	1,196,498	291,887	1,488,385		2.00
3.00	Physical Therapy	513,326	0	513,326	125,227	638,553		3.00
4.00	Occupational Therapy	74,112	0	74,112	18,080	92,192		4.00
5.00	Speech Pathology	35,019	0	35,019	8,543	43,562		5.00
6.00	Medical Social Services	2,938	0	2,938	717	3,655		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	634	0	634	155	789		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	2,267,136	0	2,267,136	444,609	2,267,136		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.				0.243952			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: 14-0185
HHA CCN: 14-7443

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

Worksheet H-2 Part II
Date/Time Prepared: 5/29/2019 10:32 am

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	COMMUNICATIONS (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	3,163	0	4,547	54,830	0	19	1.00
2.00 Skilled Nursing Care	0	0	0	687,704	0	0	2.00
3.00 Physical Therapy	0	0	0	283,002	0	0	3.00
4.00 Occupational Therapy	0	0	0	42,485	0	0	4.00
5.00 Speech Pathology	0	0	0	20,154	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)	3,163	0	4,547	1,088,175	0	19	20.00
21.00 Total cost to be allocated	28,993	0	5,580	52,290	0	3,235	21.00
22.00 Unit cost multiplier	9.166298	0.000000	1.227183	0.048053	0.000000	170.263158	22.00
Cost Center Description	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.02	5.03	5.04	5.05	5A.06	5.06	
1.00 Administrative and General	175	7,312	0	2,728,953	0	261,148	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,009,828	2.00
3.00 Physical Therapy	0	0	0	0	0	433,241	3.00
4.00 Occupational Therapy	0	0	0	0	0	62,550	4.00
5.00 Speech Pathology	0	0	0	0	0	29,556	5.00
6.00 Medical Social Services	0	0	0	0	0	2,480	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	535	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)	175	7,312	0	2,728,953	0	1,799,338	20.00
21.00 Total cost to be allocated	212,625	652	0	7,428	0	332,611	21.00
22.00 Unit cost multiplier	1,215.000000	0.089168	0.000000	0.002722	0	0.184852	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0185
HHA CCN: 14-7443

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

Worksheet H-2 Part II
Date/Time Prepared: 5/29/2019 10:32 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOME HEALTH AGENCY I HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	
		(COST)						
		5.07	7.00	7.01	8.00	9.00	9.01	
1.00	Administrative and General	0	3,163	0	0	258	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	3,163	0	0	258	0	20.00
21.00	Total cost to be allocated	0	105,554	0	0	12,778	0	21.00
22.00	Unit cost multiplier	0.000000	33.371483	0.000000	0.000000	49.527132	0.000000	22.00
Cost Center Description		DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	14.01	
1.00	Administrative and General	0	0	1,039	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	1,039	0	0	0	20.00
21.00	Total cost to be allocated	0	0	2,661	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	2.561116	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0185

Period: From 01/01/2018

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2018

Part II
Date/Time Prepared: 5/29/2019 10:32 am

Home Health Agency I

PPS

Cost Center Description	PHARMACY (COSTED REQUISITIONS)	PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)		
	15.00	15.01	16.00	17.00	17.01		
1.00 Administrative and General	0	0	147	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	147	0	0		20.00
21.00 Total cost to be allocated	0	0	14,194	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	96.557823	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part I Date/Time Prepared: 5/29/2019 10:32 am
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			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	1,488,385		1,488,385	4,403	338.04	1.00	
2.00	Physical Therapy	3.00	638,553	0	638,553	3,590	177.87	2.00	
3.00	Occupational Therapy	4.00	92,192	0	92,192	383	240.71	3.00	
4.00	Speech Pathology	5.00	43,562	0	43,562	213	204.52	4.00	
5.00	Medical Social Services	6.00	3,655		3,655	27	135.37	5.00	
6.00	Home Health Aide	7.00	0		0	1	0.00	6.00	
7.00	Total (sum of lines 1-6)		2,266,347	0	2,266,347	8,617		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		41180	0	1,656			8.00	
8.01	Skilled Nursing Care		99914	0	174			8.01	
9.00	Physical Therapy		41180	0	1,512			9.00	
9.01	Physical Therapy		99914	0	17			9.01	
10.00	Occupational Therapy		41180	0	144			10.00	
10.01	Occupational Therapy		99914	0	3			10.01	
11.00	Speech Pathology		41180	0	85			11.00	
11.01	Speech Pathology		99914	0	0			11.01	
12.00	Medical Social Services		41180	0	6			12.00	
12.01	Medical Social Services		99914	0	0			12.01	
13.00	Home Health Aide		41180	0	0			13.00	
13.01	Home Health Aide		99914	0	0			13.01	
14.00	Total (sum of lines 8-13)			0	3,597			14.00	

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

Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	789	0	789	17,864	0.044167	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description	Part A	Program Visits		Part A	Cost of Services	Part B		Part A	Ratio (col. 3 ÷ col. 4)
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00			

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	1,830		0	618,613		1.00	
2.00	Physical Therapy	0	1,529		0	271,963		2.00	
3.00	Occupational Therapy	0	147		0	35,384		3.00	
4.00	Speech Pathology	0	85		0	17,384		4.00	
5.00	Medical Social Services	0	6		0	812		5.00	
6.00	Home Health Aide	0	0		0	0		6.00	
7.00	Total (sum of lines 1-6)	0	3,597		0	944,156		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0185

Period: From 01/01/2018

Worksheet H-3

HHA CCN: 14-7443

To 12/31/2018

Part I
Date/Time Prepared:
5/29/2019 10:32 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	14,832	0	0	655	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	618,613						1.00
2.00	Physical Therapy	271,963						2.00
3.00	Occupational Therapy	35,384						3.00
4.00	Speech Pathology	17,384						4.00
5.00	Medical Social Services	812						5.00
6.00	Home Health Aide	0						6.00
7.00	Total (sum of lines 1-6)	944,156						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 14-0185 HHA CCN: 14-7443		Period: From 01/01/2018 To 12/31/2018		Worksheet H-3 Part II Date/Time Prepared: 5/29/2019 10:32 am	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated			
	0	1.00	2.00	3.00	4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS								
1.00	Physical Therapy	66.00	0.195057	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.220292	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.364970	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.663330	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.125548	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2019 10:32 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	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	788,164
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	9,999
13.00	Total PPS Reimbursement - LUPA Episodes		0	26,732
14.00	Total PPS Reimbursement - PEP Episodes		0	13,532
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	3,745
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	393
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	842,565
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	842,565
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	842,565
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	842,565
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	842,565
31.01	Sequestration adjustment (see instructions)		0	16,851
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	825,714
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: 14-0185
HHA CCN: 14-7443

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

Worksheet H-5
Date/Time Prepared:
5/29/2019 10:32 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		825,714	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		825,714	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		825,714	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0185	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 10:32 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,027,865	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,301	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)		134.92	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.05	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.69	8.00
9.00	Sum of lines 7 and 8		27.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.78	10.00
11.00	Disproportionate share adjustment (see instructions)		175,011	11.00
12.00	Total prospective capital payments (see instructions)		3,243,177	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